

OAK BLUFFS POLICE DEPARTMENT PROPERTY REGISTRATION FORM

HOME:

Address: _____

Unit Number (if applicable): _____

Is the residence equipped with a burglar alarm? Yes: No:

Is the residence occupied: Year-Round: Seasonal: Year-Round Occasionally:

BUSINESS:

Business Name: _____

Business Address: _____

Business Telephone Number: _____

Is the business equipped with a burglar alarm? Yes: No:

Is the business open: Year-Round: Seasonal:

PROPERTY OWNER:

Name: _____

Island Address: _____

Off-Island Address: _____

Telephone Number: _____

Cell-Phone Number: _____

Relation to Property/ Property Owner: _____

Additional Comments: _____

PROPERTY CARETAKER:

Name: _____

Island Address: _____

Off-Island Address: _____

Telephone Number: _____

Cell-Phone Number: _____

Relation to Property/ Property Owner: _____

Additional Comments: _____

OTHER CONTACT:

Name: _____

Island Address: _____

Off-Island Address: _____

Telephone Number: _____

Cell-Phone Number: _____

Relation to Property/ Property Owner: _____

Additional Comments: _____

OTHER CONTACT:

Name: _____

Island Address: _____

Off-Island Address: _____

Telephone Number: _____

Cell-Phone Number: _____

Relation to Property/ Property Owner: _____

Additional Comments: _____

