Northfield Police Department

69Main Street, Northfield, Massachusetts 01360
Phone: 413-498-5118, Fax: 413-498-5115

House Check Request

Date of request: _____

Name: _____

Address:_____

Phone: _____ Cell: _____ email: _____

I request that a house check be made of my premises beginning on _____ to _____

(Print name of person making request) (Signature)

Reason for request of extra patrol: _____Premises will be vacant _____Other

Type of premises (please circle): Business Residence Other:_____

Protected by alarm? No Yes If yes please indicate the type of alarm: _____
Name of Alarm Company: _____ Phone #: _____

Will any lights be on? No Yes If yes, please answer the following: will the lights be on constantly or by timer_____

Will keys be left with any one? No Yes

If yes, please note Name: _____ Relationship: _____
Address _____ Phone: _____ email:_____

Name of person to contact in case of emergency:
Name: _____ Relationship:

Address _____ Phone: _____ email:_____

If you wish to be contacted if there is an emergency please list your contact information below:
Phone: _____Cell: _____ email: _____

Police Information			
Date	Time	Premises Secure (If not state type of report/ Action)	Officer's Signature

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