SCOTT C. ALLEN
Chief of Police

TOWN OF EAST BRIDGEWATER
POLICE DEPARTMENT

153 CENTRAL STREET- PO BOX 475
EAST BRIDGEWATER, MA 02333
PHONE (508)-378-7223
FAX (508)-378-7225

HOUSE CHECK FORM

Resident Name_____Address_____

Telephone #_____Email_____

Reason for House Check: Vacation ☐ Other: ☐ _____

Type of Premises: Residence ☐ Business ☐ Other: ☐ _____

Alarm System Active: Yes ☐ No ☐

Exterior/Interior Lights to be left on: Yes ☐ No ☐

If yes, location where lights will be active_____

Keys to residence left with someone: Yes ☐ No ☐

If yes, Name_____ Contact #_____

In Case of Emergency, your name and telephone number

Name_____ Contact #_____

License Plates of Vehicles to be left at residence while away

License Plate (include State) _____ Type of Vehicle_____

License Plate (include State) _____ Type of Vehicle_____

License Plate (include State) _____ Type of Vehicle_____

Date Leaving/House Vacant_____ Date Returning _____

Officers House Check Activity Report

Date	Time	Premise Secure, if No, indicate what was observed	Officer Name