



David G. Silvermail  
Police Chief

# Town of Southamptom Department of Police



Post Office Box 239  
8 East Street  
Southamptom, MA 01073

Business  
413-527-1120

## Vacation/House Check Request Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of premises: Residence      Business      Other  
Do you have an alarm? Yes      No      Is alarm audible? Yes      No

If yes, name of alarm company and number: \_\_\_\_\_

Have keys been left with anyone? Yes      No

If yes, with whom? Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Will anyone be working or have access to your premises while you are gone? Yes      No

If so, who? Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency do you wish to be notified by a collect phone call? Yes      No

If yes, what is the phone number? \_\_\_\_\_

Have any lights been left on timers? Yes      No

If yes, when do they go on and off? \_\_\_\_\_

I request a security check be made of my premises and agree to notify the Southamptom Police Department of my return.

Date and time leaving: \_\_\_\_\_ Signed: \_\_\_\_\_

Date and time returning: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Time	State condition of premises	Initials



**DARE**