



PAUL F. O'BRIEN II  
CHIEF OF POLICE

# TOWN OF EAST BRIDGEWATER POLICE DEPARTMENT

153 CENTRAL STREET  
EAST BRIDGEWATER, MA 02333  
PHONE (508) 378-7223  
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## 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