



# Brimfield Police Department

## House Check Request Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Dates to Be Checked: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Description of House: \_\_\_\_\_

Alarm? ☐ Yes ☐ No If yes, what alarm company? \_\_\_\_\_ Phone #: \_\_\_\_\_

Lights Left On? ☐ Yes ☐ No If yes, which ones? \_\_\_\_\_

Prior History & Special Concerns:

\_\_\_\_\_  
\_\_\_\_\_

### Vehicles

\_\_\_\_\_

Vehicles in the Driveway? ☐ Yes ☐ No Garage? ☐ Yes ☐ No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

### Emergency Contact Information

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### People Checking On House

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Keys: ☐ Yes ☐ No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Keys: ☐ Yes ☐ No