



Merrimac Police Department

2 Jana Way
Merrimac, Massachusetts 01860

Tel: 978-346-8321
Fax: 978-346-0592

House Check Form

Homeowner Information:

Resident Name: _____ **Phone #:** _____

Home Address: _____ **Cell #:** _____

Date Leaving: ____/____/20____ **Date Returning:** ____/____/20____

Can you be contacted while you are away? Yes No **How/Best Contact #:** _____

Will any vehicles be parked in the garage or yard? Yes No **License Plate#(s):** _____

Alarm Information: Alarm system? Yes No **Type of Alarm?** Police Fire Both

Alarm Company Name: _____ **Alarm Company Phone #:** _____

Keyholder/Emergency Contact Information:

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Vehicle Type: _____ **License Plate:** _____ **State:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Vehicle Type: _____ **License Plate:** _____ **State:** _____

Other Persons allowed on property:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Other Information:

Lights on Timers? Yes No Newspaper Stopped? Yes No Mail Stopped? Yes No

Police Use Only:

Date Received: ____/____/20____ **Time Received:** _____ **Received By:** _____

Site Entered? Yes No **Date Entered:** ____/____/20____ **Time Entered:** _____

Entered By: _____ **Site/License #:** _____ **Call #:** _____