



Athol Police Department



VACATION HOME CHECK REQUEST

Date of Request: _____

Name: _____
(Owner or Lease Holder of Premises)

Address: _____ Home Phone #: _____

Will lights be left on in home? Yes No

Is there a smoke detector/fire/burglar alarm system in the home? Yes No

Will there be someone with a key to the home? Yes No

If yes, Name: _____

Address: _____

Tele: _____ Relationship: _____

Date of Departure: _____ Date of Return: _____

Destination: _____

Telephone number where you can be reached: _____

Will there be any motor vehicles left on the premises or in the driveway? Yes No

If yes, give the following information:

License # _____ Make: _____

License # _____ Make: _____

Will anyone be permitted inside of home or on premises during absence? Yes No

If yes, please list name(s) of those individuals: _____

Name of individual to be contacted in case of emergency: _____

_____ Telephone #: _____

Print Name of Requesting Party

Signature of Requesting Party