



Michael F. Luth
Chief of Police

GROTON POLICE DEPARTMENT

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REQUEST FOR RESIDENTIAL CHECK FORM

Name: _____ Phone #: _____

Address: _____

Date(s) of Request: _____ to _____

Lights on? _____ Are they on timers? _____

Locations of lights: _____
(Front/Rear, Upstairs/downstairs, Interior/Exterior)

Is there an alarm system? _____ if yes, is it on? _____ Does it reset itself? _____

Fire: _____ Burglar: _____ Both: _____

Alarm Company Name: _____ Phone #: _____

Any vehicles in the driveway? _____ if so, what are they...

Make: _____ Make: _____

Model: _____ Model: _____

Color: _____ Model: _____

License: _____ State: _____ License: _____ State: _____

Will anyone be at the residence? Feeding pets, watering plants, contractors, house cleaner? _____ If yes, who:

Name: _____ Phone #: _____

Vehicle Make: _____ Color: _____ License: _____

Name: _____ Phone #: _____

Vehicle Make: _____ Color: _____ License: _____

Name: _____ Phone #: _____

Vehicle Make: _____ Color: _____ License: _____

Emergency Contact: _____

Have a key to residence? _____ Phone #: _____

Emergency Contact: _____

Have a key to residence? _____ Phone #: _____

Comments: *(use other side if necessary)*

 Homeowner Signature Date