

Town of Brookfield Police Department
House Check Request

Requested By: _____ Address: _____ Phone #: (____)____-_____

Emergency Contact (Keyholder) Name: _____ Relation: _____ Keyholder Phone # (____)____-_____

Dates of Absence: From ____/____/____ To ____/____/____ Emergency # of Requester: (____)____-_____

Date	Time	Officer	Date	Time	Officer	Date	Time	Officer
1.	_____	_____	12.	_____	_____	23.	_____	_____
2.	_____	_____	13.	_____	_____	24.	_____	_____
3.	_____	_____	14.	_____	_____	25.	_____	_____
4.	_____	_____	15.	_____	_____	26.	_____	_____
5.	_____	_____	16.	_____	_____	27.	_____	_____
6.	_____	_____	17.	_____	_____	28.	_____	_____
7.	_____	_____	18.	_____	_____	29.	_____	_____
8.	_____	_____	19.	_____	_____	30.	_____	_____
9.	_____	_____	20.	_____	_____	31.	_____	_____
10.	_____	_____	21.	_____	_____			
11.	_____	_____	22.	_____	_____			

Lights on Timers: No/Yes Which Rooms Inside: _____ Locations Outside: _____

Cars in the Drive: No/Yes Type/Color: _____ Plate #: _____

Anyone Stopping By: No/Yes Whom: _____ Reason: _____ Type/Color: _____

Alarm System: No/Yes Motion Lights: No/Yes Location on Home: _____ Mail/Paper on Hold No/Yes

Leaving any Pets at the Residence: No/Yes What Type: _____

Additional Remarks: _____

NOTE TO RESIDENT: Due to other commitments, it might be impossible to make all house checks daily. Be assured, however, every effort will be made to assure you of adequate surveillance. This copy will show you the dates and times your home was checked.

(Hcheck.doc) Rev9/2015

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