



**The Carlisle Police Department**  
**41 Lowell Street**  
**Carlisle, MA 01741**

Phone 978-369-1155 \* Fax 978-369-1819 \* Email cpd@carlislepolice.com

**John R. Sullivan**  
Chief of Police

## House Check Request Form

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

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

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Emergency Contact:

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

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

Telephone: \_\_\_\_\_

House Alarm? Yes / No

Do they have the alarm code? Yes / No

Do they have a key to the residence? Yes / No

Any Motor Vehicles?

Registration: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ In Driveway: \_\_\_\_\_ or Garage: \_\_\_\_\_

Registration: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ In Driveway: \_\_\_\_\_ or Garage: \_\_\_\_\_

Lights: Inside Lights – Timer? Yes / No Other \_\_\_\_\_

Outside Lights – Motion? Yes / No Other \_\_\_\_\_

Notes or Specific  
Issues: \_\_\_\_\_

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\*\*\*Please print this page, fill out the form and email (see above) or fax to the Carlisle Police Department (978-369-1819)\*\*\*

### For Department Use Only

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_