



WALES POLICE DEPARTMENT
DAWN M. CHARETTE
CHIEF OF POLICE
3 Hollow Road Wales MA 01081

HOUSE CHECK REQUEST FORM

Name _____

Address _____

Phone # _____

Email Address _____

Dates to be checked: From _____ **To** _____

House Alarm? Yes No If yes: Alarm Co. _____

Key Holder/Person Checking House:

Name _____ **Phone Number** _____

In an emergency how may we contact you:

Location _____ **Phone #** _____

Vehicles in driveway Yes No (If yes please list in spaces below)

Make _____ **Model** _____ **Color** _____ **Plate** _____

Make _____ **Model** _____ **Color** _____ **Plate** _____

Please provide any other information you feel is important. Please call when you have returned and have a safe trip.