



CITY OF GARDNER POLICE DEPARTMENT

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Gardner, Massachusetts 01440

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HOUSE CHECK FORM

IF YOU ARE PLANNING TO BE AWAY FROM YOUR PROPERTY FOR AN EXTENDED PERIOD OF TIME, OR HAVE OTHER REASONS YOU WOULD LIKE THE POLICE TO DO PERIODIC CHECKS OF THE PROPERTY PLEASE FILL OUT THIS FORM AND RETURN IT TO THE GARDNER POLICE DEPARTMENT.

NAME: _____ PHONE: _____

ADDRESS: _____

DATE LEAVING: _____ DATE RETURNING: _____

VEHICLES IN DRIVE WAY: _____

LIGHTS ON: YES [] NO [] IF YES LOCATION IN HOME: _____

DO YOU HAVE A SECURITY SYSTEM: YES [] NO [] IF YES COMPANY NAME: _____

KEYHOLDER INFORMATION (PERSON TO CONTACT WHILE YOU ARE AWAY)

NAME: _____ PHONE#: _____

ADDRESS: _____

OTHER'S THAT MAY CHECK THE PROPERTY (PLEASE LIST NAMES, VEHICLES AND HOW OFTEN THEY MAY BE AT THE PROPERTY)

OTHER INFORMATION YOU WOULD LIKE US TO KNOW: _____

SIGNATURE: _____ DATE: _____