

**WOLFEBORO POLICE DEPARTMENT
REQUEST FOR HOME CHECK**

NAME: _____ TELEPHONE #: _____

STREET NUMBER, POSTED LOCATION & ADDRESS: _____

DEPARTURE DATE: _____ RETURN DATE: _____

KEYS LEFT WITH ANYONE: YES: _____ NO: _____

IF YES, NAME AND ADDRESS OF KEYHOLDER (S): _____

WILL ANYONE BE WORKING AT OR HAVE ACCESS TO YOUR RESIDENCE DURING
YOUR ABSENCE? YES: _____ NO: _____

IF YES, NAME AND ADDRESS OF PERSON (S) TO HAVE ACCESS: _____

IN CASE OF AN EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL?

YES: _____ NO: _____ TELEPHONE CONTACT NUMBER: _____

**I REQUEST A SECURITY CHECK BE MADE OF MY RESIDENCE. I UNDERSTAND
THAT SUCH CHECKS WILL BE SUBJECT TO AVAILABILITY OF PERSONNEL AND
CALL-VOLUME. BY PROVIDING THIS SERVICE, THE WOLFEBORO POLICE
DEPARTMENT ASSUMES NO RESPONSIBILITY FOR REAL OR PERSONAL
PROPERTY. THE POLICE DEPARTMENT WILL NOT ACCEPT KEYS OR ACCESS
CODES. SECURITYCHECKS ARE LIMITED TO THE EXTERIOR OF THE BUILDING.**

SIGNED: _____ DATE OF REQUEST: _____

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DIRECTIONS TO RESIDENCE