



# WILLIAMSTOWN POLICE DEPARTMENT

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## SECURITY/PROPERTY CHECK REPORT

|                                |                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>*IMPORTANT<br/>TO NOTE*</b> | <i>Prior to leaving your residence, PLEASE ensure all windows and doors are secured and locked. If an officer finds a window or door left unsecured by the homeowner, house checks will cease until corrective action is taken by the homeowner or a permitted key holder. Suspected break-in and/or criminal activity will, of course, be promptly investigated.</i> |
|                                | <i>During the winter months, if driveways/walks are not maintained checks will cease until maintenance has occurred and we determine checks may resume safely.</i>                                                                                                                                                                                                    |

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

Address: \_\_\_\_\_ Williamstown, MA 01267

Request made by: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Reason for extra patrol: Premises will be vacant ☐ Other: \_\_\_\_\_

Type of Premises: Business: ☐ Residence: ☐ Other: \_\_\_\_\_

Protected by alarm system? Yes: ☐ No: ☐ If yes, type of alarm: \_\_\_\_\_

Name of Alarm Company: \_\_\_\_\_ Alarm Co. Phone: \_\_\_\_\_

Lights on? Yes ☐ No ☐ Constant? Yes ☐ No ☐ Motion? Yes ☐ No ☐

Keys left with anyone? Yes ☐ No ☐ If yes, key holder name: \_\_\_\_\_

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

Other persons that may have access to premises (Relatives, workers, neighbors, employees, etc.):

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, contact me at: (Phone #) \_\_\_\_\_ (Email): \_\_\_\_\_

I request security checks be made of my premises from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

and I will notify the department immediately upon my return.\*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***\*IT IS IMPERATIVE THAT YOU CONTACT THE WILLIAMSTOWN POLICE DEPARTMENT IMMEDIATELY UPON  
RETURN TO YOUR RESIDENCE, ESPECIALLY IF YOU ARRIVE HOME EARLY***

NOTES / SPECIAL INSTRUCTIONS: \_\_\_\_\_

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