

Eastport Police Department
34 Water St., P. O. Box 247
Eastport, Maine 04631

Emergency 853-2544 Business 853-4353 Fax 853-4527

Request for House Checks

Date: _____ Case #: _____

Owner's Name: _____

Address: _____

Telephone #(____)____ - _____

Leaving: ____/____/____ Returning: ____/____/____

Destination: _____

Telephone # to be reached at:(____)____ - _____

Lights Left On: _____ Timer: _____ Alarmed: _____

Other Instructions: _____

Person's Authorized to be on the Property, Including Persons Doing
Work on or in the House: _____

In Case of Emergency Notify: _____ #(____)____ - _____
Or: _____ #(____)____ - _____

I hereby request and authorize the City of Eastport Police Department to check the
above-mentioned residence during the period specified. I absolve the City of
Eastport and it's employees from any responsibility or liability whatsoever.

Signed: _____
Dated: _____