



Massachusetts State Police  
 59 Buena Vista Street, Devens, MA 01434  
 Phone: 978-772-8800 Fax: 978-772-6021

**PREMISE CHECK REQUEST FORM**

From: \_\_\_\_\_ To: \_\_\_\_\_

Street address: \_\_\_\_\_

Person requesting: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for request: \_\_\_\_\_ Premise will be vacant: \_\_\_\_\_ Other: \_\_\_\_\_

Will any lights be left on? Yes \_\_\_ No \_\_\_ If so, constantly on? Yes \_\_\_ No \_\_\_ Automatic Timers? Yes \_\_\_ No \_\_\_

If yes, where located? \_\_\_\_\_

Is the property protected by an alarm system? Yes \_\_\_ No \_\_\_ If Yes, type: \_\_\_\_\_

Will self-reset? Yes \_\_\_ No \_\_\_

If yes, name of alarm company and contact number: \_\_\_\_\_

Any vehicles remaining on property? Yes \_\_\_ No \_\_\_

Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____
Plate#: _____	Plate#: _____
State: _____	State: _____
Location: _____	Location: _____

Emergency contact:

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

Alternate: \_\_\_\_\_ Person has keys to access property? Yes \_\_\_ No \_\_\_

Will other persons have access to the premise? (Relatives, co-workers, neighbors, employees)?

Yes \_\_\_ No \_\_\_ If yes, list below:

\_\_\_\_\_

Comments:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Premise checks are conducted based on the availability of patrols.***

