



BOSTON POLICE DEPARTMENT

Charles J. Pettus, Chief of Police

Residence/ Business Check Form

Date(s): ____/____/____ Thru ____/____/____

Address: _____

Owner _____

Contact Number 1: (____) ____ - ____ Contact Number 2: (____) ____ - ____

Alternate Emergency Contact: _____

Has keys: ☐ Yes ☐ No

Phone Number 1: (____) ____ - ____ Phone Number 2: (____) ____ - ____

Alternate Emergency Contact: _____

Has keys: ☐ Yes ☐ No

Phone Number 1: (____) ____ - ____ Phone Number 2: (____) ____ - ____

Alarm System: ☐ Yes ☐ No

Alarm Company: _____

Security Cameras: ☐ Yes ☐ No

Location(s): _____

Authorized Persons:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

ADDITIONAL INFORMATION: (Vehicles, Maintenance, Lawn Care, Cleaners, Recreational Vehicles, Animals, or Other)
