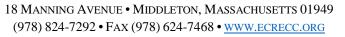


Essex County Sheriff's Department

ESSEX COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER





SHAD AHMED EXECUTIVE DIRECTOR

House Check Form

Name:	
Address:	Town:
Phone Number:	Alternate Number:
Date Leaving:	Date Returning:
Primary Emergency Contact:	Phone Number:
Other Emergency Contact:	Phone Number:
Description of House:	
Who is authorized to be on the property? Please indicate their license plate, vehicle description, and	
scheduled time on property:	
Do you have any pets that will be on the property (anyone checking them)?	
Will any cars be left in the driveway? (If yes, make, model, and plate)	
Will any lights be left on or on timers?	
Is the house alarmed?	
FOR AGENCY AND ECRECC USE ONLY	

ECRECC – Print/fax completed form to appropriate agency. Date/time faxed:

AGENCY House Check #:_____

Proudly Serving our Member Communities