

WINTER HOUSE CHECK FORM

Name _____

Alternate Address: _____

Eastham Address _____

Phone: _____

Phone: _____

Email: _____

Date of Departure: _____

Date of Return: _____

Description of Residence: _____

Lights on/Location: _____

Vehicle(s) in yard/garage: _____

Alarm: _____ Burglar _____ Fire _____ Panic _____ Heat _____

Alarm Company _____ Phone _____

Caretaker:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Other authorized persons at Residence: _____

Additional Information: _____

Please deliver completed form in hand to or mail to Eastham Police Department, 2550 State Hwy,
Eastham, MA 02642, or email completed form to policerecords@eastham-ma.gov