



**ATKINSON POLICE DEPARTMENT**  
**27 ACADEMY AVE**  
**PO BOX 321**  
**ATKINSON, NH 03811**  
**(603) 362-4001**

**Request for Residence Check**

Name and address to be checked: \_\_\_\_\_  
 \_\_\_\_\_

Name and address of person requesting (if different): \_\_\_\_\_  
 \_\_\_\_\_

Alarm System: Yes \_\_\_\_\_ No \_\_\_\_\_

Key for alarm left with: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Persons to contact if trouble:

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Address staying at: \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_

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