



Seekonk Police Department

*Town of Seekonk
500 Taunton Avenue*

Seekonk, Massachusetts 02771

*Chief of Police
Ronald Charron*

*Telephone (508)336-8123
Fax No. (508)336-0850*

As a community we are all concerned with the effects and tragedy that underage drinking brings. In our continuing effort to address house parties where underage drinking may occur, we are asking for your assistance.

When a parent and or guardian goes out of town, overnight or longer, and leaves a young person at home without adult supervision, we suggest that you notify the Police Department and/or a neighbor or friend that you trust.

When you notify the Police Department we will make our patrols aware that the parent [s] and or guardian [s] will be away and to make periodic checks of your home for any suspicious activity. In the event an officer observes any questionable activity, we will contact you or the contact person you have listed with us. This notification process does not give the officers permission to enter your home without your consent unless an emergency exists. This program is very similar to when we are asked to keep watch on a vacant house for various reasons.

Please fill out the attached form when you have plans to leave a young person at home under the above stated conditions.

Thank you in advance for your assistance.

Seekonk Police Department

Please complete this form and return it to the Seekonk Police Department.

Date Leaving: _____ Return date: _____

Name [s]: _____

Address: _____

Home phone: _____ Contact/Cell phone:1 _____

Contact/Cell phone:2 _____

Name of person [s] at home: 1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

Vehicles at residence (1) Registration Plate _____ Make/Color _____

Vehicles at residence (2) Registration Plate _____ Make/Color _____

Vehicles, if any, used by person home: Registration _____ Make/Color _____

Contact person [s]: (1) _____

Address: _____ City: _____ State: _____

Contact phone number [s]: _____

Contact person [s]: (2) _____

Address: _____ City: _____ State: _____

Contact phone number [s]: _____