

**Houlton Police Department
P.a.C.T.
Request Form**

Name: _____

Street Address: _____

Contact Numbers:

1. _____ (Home)

2. _____ (Cellular)

.

3. _____ (Pager)

Physical Description of Residence: _____

Names and Age(s) of Person(s) at Residence: _____

Vehicles at Residence (Include plate numbers):

1. Plate Number _____ Make _____ Year _____

2. Plate Number _____ Make _____ Year _____

3. Plate Number _____ Make _____ Year _____

Date(s) requested: _____

Authorized Contact Person:

1. _____ Phone: _____ Key?: _____

2. _____ Phone: _____ Key?: _____

Police Authorized to Check Residence for Underage Drinking: Yes – No

Additional Information: _____

Signature: _____ **Date:** _____