



WESTFIELD POLICE DEPARTMENT
 15 WASHINGTON STREET
 WESTFIELD, MA. 01085
 PHONE (413) 562-5411



Parental Consent to Search Form

I/we, _____, of _____,
(Name of person(s) giving consent) (Address consent is given for)

Westfield, MA. On this ____ day, of _____, 20____ and being the owners and or legal tenants of said address, give permission to members of the Westfield Police Department to enter my/our home and conduct a visual search of the premises, while we are away and/or absent from our home, if the Westfield Police have reason to believe that underage persons have gathered for the purpose of consuming alcoholic beverage. This authorization is granted for the sole purpose of allowing the Westfield Police Department to make visual searches of our home for alcoholic beverages.

I/we the undersigned give written permission to the Westfield Police Department voluntarily and without threats or promises of any kind. During our absence beginning on _____, _____ until _____, _____.
(Date) (Time) (Date) (Time)

Witness Signature

Home Owner/Legal Tenant Signature

Witness Signature

Home Owner/Legal Tenant Signature