

House Watch Request Information

Name: _____ Phone Number: _____

Address: _____

Date to Begin Watch: _____ Date to End Watch: _____

Situations to be aware of: _____

Emergency Party Phone Numbers

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Will one of the above have a key? YES NO

Will lights be left on in the house or yard? YES NO Automatic Timers? YES NO

Location of lights and times of illumination: _____

Will there be any vehicles left at the residence? YES NO Inside Outside Both

Year: _____ Make: _____ Color: _____ Plate: _____

Year: _____ Make: _____ Color: _____ Plate: _____

Year: _____ Make: _____ Color: _____ Plate: _____

Animals on the premise: YES NO If yes, where are they at?

Is someone taking care of the animals? YES NO

Will other person(s) be checking on or staying at the residence? YES NO

Who: _____ Times: _____

Vehicle of above: _____ Plate: _____

Additional remarks or instructions: Attach a separate sheet of paper or notes. Drop off this form at the Police Department prior to leaving. Please advise when you are back in town. Thank You