

Residence Watch Information

1. Homeowner's Name: _____ Renter: _____
 Phone Number: _____ Phone Number: _____
2. Address of Residence to be Check: _____
3. Best directions to residence: _____

4. Date & Time of Departure: _____
 Date & Time of Return: _____
5. Will anyone else be checking or visiting this property? Yes _____ No _____
 Relationship if any: _____
6. Please give complete information on the following:
 - Will there be any cars or other vehicles left on the property? Yes _____ No _____
 - If Yes, give license number and description: _____
 - Will there be any pets or animals left on the property? Yes _____ No _____
 - If Yes, please explain: _____
 - Are any lights set to come on automatically? Yes _____ No _____
 - Are the out buildings to be locked or unlocked? _____
 - Where can you be reached? _____

 - Who would you like contacted if necessary? _____
 Address: _____ Phone Number: _____
 - Do they have a key? Yes _____ No _____
 - Any additional information you care to give: _____

***** **FOR OFFICE USE ONLY** *****

Date & Time	Officer	Remarks
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		