HOUSE WATCH

☐ **SECURITY/VACATION INFORMATION** ☐ **OFFICER SAFETY** ☐ **OTHER**

ADDRESS: _____

NAME: _____

BEGINNING DATE: _____ ENDING DATE: _____

TYPE OF PREMISE: ☐ RESIDENTIAL ☐ BUSINESS ☐ OTHER

COMMENTS: _____

_____

_____

THIS PORTION MUST BE COMPLETED FOR SECURITY/VACATION INFORMATION

RESPONSIBLE PARTY: _____ PHONE: _____

ADDRESS: _____ HAS KEYS?: ☐ YES ☐ NO

RESPONSIBLE PARTY: _____ PHONE: _____

ADDRESS: _____ HAS KEYS?: ☐ YES ☐ NO

WILL THERE BE VEHICLES ON THE PREMISES DURING YOUR ABSENCE? ☐ YES ☐ NO

VEHICLE DESCRIPTION: _____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? ☐ YES ☐ NO

C/O NAME: _____ PHONE: _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO NOTIFY THE SHERIFF'S DEPARTMENT PROMPTLY UPON MY RETURN.

SIGNED: _____ DATE: _____

Entered in Computer by: _____

OFFICERS SECURITY CHECK REPORT

Venue: _____

DATE	TIME	COMMENTS	OFFICER