



DOUGLAS POLICE DEPARTMENT HOUSE WATCH REQUEST FORM

Please legibly print the following information:

Date Leaving: ____/____/____ Date Returning: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Alternate Phone: () _____

Destination Address:

City: _____ State: _____ Zip: _____

IN CASE OF EMERGENCY MY LOCAL CONTACT IS:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Altern: () _____

Please check the following:

	Yes	No		Yes	No
Do you have a swimming pool?	<input type="checkbox"/>	<input type="checkbox"/>	Is your yard fenced?	<input type="checkbox"/>	<input type="checkbox"/>
Any pets left on the property?	<input type="checkbox"/>	<input type="checkbox"/>	Contact has a key?	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper/Mail been stopped?	<input type="checkbox"/>	<input type="checkbox"/>	Is your home alarmed?	<input type="checkbox"/>	<input type="checkbox"/>
If you have a shed is it locked?	<input type="checkbox"/>	<input type="checkbox"/>	Can the contact reset the alarm?	<input type="checkbox"/>	<input type="checkbox"/>

Persons working/checking the property other then the above contact:

(Lawn service, Pool Care, Relative, etc.)

Name: _____ Reason: _____

Name: _____ Reason: _____

Name: _____ Reason: _____

Vehicles left on property?

Year	Make	Model	Color	State Plate

Property Owner Signature: _____

Date: _____