

JEFFERSONTOWN POLICE DEPARTMENT
HOUSE WATCH

No. _____

NAME _____ **PHONE** _____

ADDRESS _____ **ZIP** _____

EMAIL _____

VEHICLES: Circle either Garage or Driveway for each vehicle

GARAGE / DRIVEWAY MAKE _____ MODEL _____ YEAR _____ COLOR _____ LIC. PLATE _____

GARAGE / DRIVEWAY MAKE _____ MODEL _____ YEAR _____ COLOR _____ LIC. PLATE _____

GARAGE / DRIVEWAY MAKE _____ MODEL _____ YEAR _____ COLOR _____ LIC. PLATE _____

ALARM COMPANY NAME _____ **PHONE** _____

LIGHTS: LEFT ON CONSTANT YES NO AUTOMATIC TIMER YES NO

ANIMALS ON PROPERTY (List type and location) _____

OTHER PERSONS THAT MAY BE ON THE PREMISES (Lawn care, pet care, mail/package pickup, etc.)

NAME _____ VEHICLE _____ PHONE _____

NAME _____ VEHICLE _____ PHONE _____

NAME _____ VEHICLE _____ PHONE _____

EMERGENCY CONTACTS:

NAME _____ PHONE _____ KEYS TO HOUSE? YES NO

NAME _____ PHONE _____ KEYS TO HOUSE? YES NO

NAME _____ PHONE _____ KEYS TO HOUSE? YES NO

Please add any additional information here:

DATE & TIME LEAVING: _____ **RETURN DATE:** _____

Request made by (print name) _____ Phone _____

Signed _____ Date: _____

DATE / TIME CANCELED _____ **BY** _____

