

Saugatuck Douglas Police Department House Watch Request Form

Please legibly print the following information

Date Leaving: ___/___/___ Date Returning: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Main color of your home: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Destination Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

In case of emergency my local contact is:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

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: _____

Name: _____ Reason: _____

Vehicles left on property?

Year	Make	Model	Color	State/Plate

Signature of property owner: _____ Date: ___/___/___

Property Checks

DATE	TIME	NOTES	OFFICER

