

DEERFIELD POLICE DEPARTMENT

House Watch Request

Resident's Name: _____

Address to be checked: _____

Is there a visible number attached to the house? Yes _____ No _____

If you answered NO, give a detailed description of the house and location: _____

Do you have an alarm system? Yes _____ No _____

If YES, name of Alarm company: _____

Will there be a key holder available? Yes _____ No _____

If YES, name and phone number of key holder: _____

Automatic Lights? Yes _____ No _____

If YES, location(s): _____ Time(s): _____

Vehicle(s) in garage or driveway? Yes _____ No _____

Description of vehicle(s) _____

Will anyone be working on or have access to the premises during your absence? Yes _____ No _____

If YES, Name(s) _____

Can you be reached in case of any emergency? Yes _____ No _____

If YES, phone number you can be reached at: _____

If NO, name and phone number of person that can be contacted: _____

Date Leaving: _____ Date Returning: _____

*Any additional information you would like us to have: _____
