

CONNEAUT LAKE REGIONAL POLICE DEPARTMENT

HOUSE WATCH REQUEST FORM

THE HOUSE WATCH PROGRAM IS A COURTESY PROGRAM ONLY. THE CONNEAUT LAKE REGIONAL POLICE DEPARTMENT CANNOT BE HELD LIABLE FOR DAMAGES AND OR INCIDENTS TAKEN PLACE AT THE RESIDENCE DURING THE HOUSE WATCH.

NAME: _____ PHONE: _____

ADDRESS: _____

LOCATION OF HOUSE: _____

COLOR OF HOUSE: _____

LIGHTS LEFT ON: YES _____ NO _____, ON TIMER, IF SO TIMES: _____

OTHER ITEMS LEFT ON: _____
(TV, RADIO ETC. ON TIMERS)

NAME OF PERSON WITH KEY: _____

ADDRESS: _____

PHONE: _____ TYPE OF CAR: _____

IS MAIL STOPPED: YES _____ NO _____

PERSON TAKING CARE OF YARD ETC: _____

NUMBER OR PLACE WHERE YOU ARE GOING TO BE: _____

DATE LEAVING: _____ DATE RETURNING: _____

OTHER: _____

Signature of person making request

Officer

Time Date
