Print Form

HURSTBOURNE ACRES POLICE DEPARTMENT
HOUSE WATCH

No. _____

ADDRESS _____ NAME _____

REQUEST MADE BY _____ PHONE _____

VEHICLE GARAGE ☐ DRIVEWAY ☐ MAKE _____ MODEL _____ YEAR _____ COLOR _____

VEHICLE GARAGE ☐ DRIVEWAY ☐ MAKE _____ MODEL _____ YEAR _____ COLOR _____

PROTECTED BY ALARM SYSTEM YES ☐ NO ☐ NAME OF ALARM CO. _____

LIGHTS ON: YES ☐ NO ☐ CONSTANT YES ☐ NO ☐ AUTOMATIC YES ☐ NO ☐

KEYS LEFT WITH ANYONE YES ☐ NO ☐ WORK _____

IF YES, NAME _____ ADDRESS _____ PHONE H _____

OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES

_____

_____

IN CASE OF EMERGENCY WHO SHOULD BE CONTACTED WORK _____

IF YES, NAME _____ ADDRESS _____ PHONE H _____

I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM _____ TO _____
AND WILL NOTIFY UPON MY RETURN.

SIGNED _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	PREMISES SECURE √ (if not state type report filed or action taken)	OFFICER'S SIGNATURE