

DEPARTMENT OF SAFETY
SPECIAL RESIDENCE WATCH REQUEST

30 DAY WATCH

60 DAY WATCH

90 DAY WATCH

OTHER _____ (i.e. short term watch, watch over 90 days*)

*watch over 90 days requires supervisor approval before issuance

Property Owner Name(s): _____

Unit: _____ Lot: _____ Physical Address: _____

Phone: _____ Alternate Phone: _____

Departure Date: _____ Expected Date of Return: _____

Reason for request (i.e. vacation): _____

Person(s) to be notified in the event of an emergency: _____

Emergency contact phone number(s): _____

Is there a key holder for the property? Yes No

Key Holder's Name: _____ Phone: _____

Is this residence equipped with an alarm? Yes No

Alarm Company's name and phone number: _____

Have lights been left on or on timers in the residence? Yes No

Lights are on or on timers in: _____

Vehicles have been left on the property in the following locations: _____

Make: _____ Color: _____ License Plate #: _____

Additional Information: _____

I hereby request that a special residence watch be made of my premises and agree to notify the Department of Safety promptly upon my return.

Signed: _____ Date: _____