

INCIDENT #: _____



**RAISIN TOWNSHIP POLICE DEPARTMENT
HOUSE/VACATION WATCH**

NAME: _____ ADDRESS: _____
Home Phone #: _____ Departure Date: _____ Return Date: _____
Direct phone number(s) where owner can be reached in an emergency: _____
Lights on? ___ YES ___ NO If Yes, Timers: ___ YES ___ NO Location of Lights? _____

Keys to the home left with anyone? ___ YES ___ NO

NAME: _____ Home Phone #: _____
ADDRESS: _____ Work Phone #: _____

Will anyone have access to the home and/or premises? ___ YES ___ NO (To include lawn maintenance etc...)

NAME: _____ Phone#: _____

NAME: _____ Phone #: _____

ALARM SYSTEM? ___ YES ___ NO Audible? ___ YES ___ NO If yes, how long? _____

How is alarm reset? _____ By whom: _____ Phone #: _____

Alarm company name? _____ Phone #: _____

Any vehicles being left on the premises? ___ YES ___ NO

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>PLATE</u>	<u>LOCATION (DRIVE OR GARAGE)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional information:

Date/Time Received: _____ By: _____

Date/Time Cancelled: _____ By: _____

PLEASE REMEMBER TO CALL AND ADVISE US UPON YOUR RETURN AT 517-424-4615