



POLK COUNTY SHERIFF'S OFFICE

Timothy L. Wright, Sheriff

House Watch Request

Zone _____ Departure Date _____ Return Date _____

Name _____

Address _____

Telephone Number _____

In case of emergency, where can you be contacted?

Have keys been left with anyone? Yes _____ No _____

If yes, Name _____

Address _____

Will any lights be left on time controls? Yes _____ No _____

If yes, where and when? _____

Will anyone have access to the home or yard during your absence?

Yes _____ No _____

If yes, name _____

Telephone _____

Anything else we should know about your home and/or trip?



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Acknowledgment

I, _____, understand that the Polk County Sheriff's Office cannot prevent all crimes from happening, and that by signing up for the House Watch Program I am taking steps to greatly deter criminal activity while I am away. It is my desire that the Polk County Sheriff's Office act as my authorized agent from _____ to _____ with regards to my real and personal property located at:

The Polk County Sheriff's Office may enter the above listed property during my absence to conduct physical inspections of the property to ensure that nothing has been harmed or altered. I further grant the Polk County Sheriff's Office authority to order any unauthorized individuals, not listed on the attached form, to not enter or remain upon my above listed property during my absence, and to take appropriate enforcement action in my absence. I agree to actively cooperate with any prosecution stemming from such enforcement activity.

Furthermore, I agree to hold harmless from liability the Polk County Sheriff's Office, for any legal activities undertaken with regard to my request for their House Watch Program services.

Home Owner Printed Name

Home Owner Printed Name

Home Owner Signature

Home Owner Signature

Witness Signature

Witness Signature