

## CLOSE HOUSE WATCH

**DATE INITIATED:**

**NAME:**

**ADDRESS:**

**TELEPHONE WHERE YOU MAY BE REACHED WHILE ABSENT FROM YOUR RESIDENCE:**

**PERSON IN POSSESSION OF KEYS TO YOUR RESIDENCE WHILE YOU ARE ABSENT:**

**KEY HOLDER'S TELEPHONE NUMBER:**

**DESCRIPTION OF AUTOMOBILES LEFT IN THE DRIVEWAY WHILE YOU ARE ABSENT:**

a.                                      **COLOR:**                                      **TAG#**

b.                                      **COLOR:**                                      **TAG#**

c.                                      **COLOR:**                                      **TAG#**

**WILL LIGHTS BE LEFT ON IN THE RESIDENCE?                                      ON TIMER?**

**IDENTITY OF ANY FIRM MAKING DELIVERY, PERSON CARING FOR PETS, LAWN, ETC:**

**DATE YOU INTEND TO LEAVE:**

**DATE YOU INTEND TO RETURN:**

**ANY OTHER INFORMATION:**

**WARNING: READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS DOCUMENT:** The Hackettstown Police Department makes this close house watch program available to the citizens of Hackettstown as a public service. By the initiation of this document, it should not be implied in any fashion that the Hackettstown Police Department or its members or agents will be responsible for any damage, theft, or any other incident in any fashion that should arise to the residence or surrounding property while in your absence. The police will, while in the nature of their routine duties, do a check of your property described above, however you must be made aware that initiation of this form does not imply that an incident will not occur to your property while in your absence. If you have any questions please ask for clarification at the front desk before signing this document. By signing this document, I release the Hackettstown Police Department from any and all claims on any incident relating to my property in my absence.

**DATE:**

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**SIGNATURE OF HOMEOWNER OR REPRESENTATIVE**