

Smith Township Police Department



House Watch Form

Leave Date: ___/___/___

Return Date: ___/___/___

Name: _____

Address: _____

Phone: (___) ___-___

Cell: (___) ___-___

Emergency Contact #1: _____

Phone: (___) ___-___

Key Holder? Yes No

Emergency Contact #2: _____

Phone: (___) ___-___

Key Holder? Yes No

Vehicles Left on Property:

Make: _____ Model: _____ Color: _____ License Plate: _____

Make: _____ Model: _____ Color: _____ License Plate: _____

Lights on in the house

First Floor: Yes No

Second Floor: Yes No

Kitchen Lights: Yes No

Bedroom Lights: Yes No

Resident Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE SMITH TOWNSHIP POLICE DEPARTMENT PRIOR TO YOUR DEPARTURE