

TITABAWASSEE TOWNSHIP POLICE DEPARTMENT

HOUSE WATCH REQUEST

DATE: \_\_\_\_\_

DEPARTING DATE: \_\_\_\_\_ RETURNING DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AUTOMATIC LIGHTS ON: YES \_\_\_ NO \_\_\_ WHERE? \_\_\_\_\_

ALARM: \_\_\_\_\_ ANIMALS HOME: \_\_\_\_\_

OTHER PERSONS THAT MAY HAVE ACCESS TO THE PREMISES (relatives, workers, etc.):

\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY WILL SOMEONE LOCAL HAVE KEYS TO THE HOME? YES \_\_\_ NO \_\_\_

IF YES, WHO? \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

VEHICLES IN DRIVEWAY: MAKE/MODEL/LICENSE# \_\_\_\_\_

MAKE/MODEL/LICENSE# \_\_\_\_\_

IS THERE ANY OTHER INFORMATION THAT MAY BE IMPORTANT FOR AN OFFICER TO KNOW?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_