

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</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE

Additional Information: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Cancelled \_\_\_\_\_ By: \_\_\_\_\_

**PLEASE REMEMBER TO CALL AND ADVISE US UPON YOUR RETURN AT 423-7811 EXT: 1012**

