VACATION WATCH FORM

DISTRICT_____ WATCH NUMBER_____

ADDRESS_____

OCCUPANT INFORMATION:

Name of Occupant:_____Phone:_____

Address:_____

Depature Date:_____Time:_____Return Date:_____Time:_____

RESIDENT INFORMATION:
Type of Structure: (Check One) Residence_____Business_____Other_____
Lights left on? Y N Inside Outside
Location_____Location_____
Animals in yard? Y N Animals in house? Y N
Number & Type_____
Cars left on premises? Y N

Make/Model	Color	License #	Garage/Driveway/Street

ALARM COMPANY INFORMATION:
Do you have an alarm? Y N Euless Permit Number_____
Name of alarm company:_____Phone #_____

ADDITIONAL CONTACTS:
Have keys been left with anyone? Y N
Name & Phone #:_____

Name & Phone #:_____

CONTACT INFORMATION:
In case of emergency do you wish to be notified by a collect call? Y N Phone #_____

I understand that neither the City of Euless, the Euless Police Department, nor it's agents make any promises or guarantees regarding the protection of my property while I'm away. I also understand that I must notify the Police Department upon my return and that the vacation watch will automatically cancel on the return date and time listed above.

Signature:_____Date:_____

OFFICERS SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER	OFFICER ID