

HOUSE WATCH

CONTROL # _____

ADDRESS _____ SUBDIVISION _____

HOMEOWNER _____

START DATE _____ END DATE _____

NAME OF REQUESTOR _____ PHONE # _____

BURGLAR ALARM? YES _____ NO _____

IF YES, NAME OF COMPANY _____

PHONE # _____ WILL ALARM RESET AUTOMATICALLY? YES _____ NO _____

AUDIBLE ALARM? YES _____ NO _____

LIGHTS LEFT ON INSIDE? YES _____ NO _____ ON TIMER? YES _____ NO _____

LOCATION OF INSIDE LIGHTS _____

LIGHTS LEFT ON OUTSIDE? YES _____ NO _____ ON TIMER? YES _____ NO _____

LOCATION OF OUTSIDE LIGHTS _____

PETS? YES _____ NO _____ INSIDE _____ OUTSIDE _____

TYPE OF PET (S) _____

FENCED YARD? YES _____ NO _____

VEHICLES LEFT AT RESIDENCE _____

PERSONS WITH ACCESS TO THE RESIDENCE (YARD SERVICE, MAID SERVICE, FEEDING PETS,
PICKING UP MAIL, ETC)? _____

ADDITIONAL REMARKS _____

EMERGENCY CONTACT(S) _____ PHONE # _____

ADDRESS _____

WILL EMERGENCY CONTACT HAVE A KEY TO THE RESIDENCE? YES _____ NO _____

PHONE # TO BE REACHED WHILE OUT OF TOWN _____