## MISHICOT POLICE DEPARTMENT

## HOUSE WATCH REQUEST

RESIDENT INFORMATI	OTHER INFORMATION			
Name:		Date/Time Leaving:		
Address:		Date/Time Returning:		
Home Phone: Emergency	ome Phone: Emergency Phone:			
NEIGHBOR/RELATIVE INFORMATION		VEHICLE INFORMATION		
Person Watching House:		Car in Drive:		
Address:		License Number:		
Telephone:		Car in Garage:		
Has Key:		License Number:		
OTHER PERSONS WATCHING HOUSE		LIGHTING/ALARM		
Name(s):	Do they have a key if they need to check inside? Y N	Lighting Timers/Alarms: Yes No		
Address(es):		Locations:		
Telephone(s):		Motion Sensors:		
I REALIZE AND HEREBY RELEASE THE MISHICOT POLICE DEPARTMENT FROM ANY CLAIMS FOR DAMAGES SUSTAINED AT THE ABOVE-MENTIONED RESIDENCE WHILE I AM AWAY FROM IT AND AGREE TO NOT HOLD THEM LIABLE IF DAMAGES DO OCCUR.				
Date		Signature		

PLEASE CALL US WHEN YOU RETURN

## MISHICOT POLICE DEPARTMENT

DATE	TIME	OFFICER	COMMENTS - UNUSUAL CONDITIONS

DATE OF RETURN \_\_\_\_\_