



SULLIVAN'S ISLAND POLICE DEPARTMENT HOUSE WATCH REQUEST FORM



NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF VACANCY: _____

DATE OF RETURN: _____

REASON FOR REQUEST: _____

LIGHTS? ON: _____ OFF: _____ TIMER: _____

ALARM? YES: _____ NO: _____ COMPANY: _____

PEOPLE AT RESIDENCE: _____

VEHICLES AT RESIDENCE: _____

EMERGENCY CONTACT: _____ # _____

KEYS LEFT WITH: _____ # _____

SPECIAL NOTES: _____

HOMEOWNER'S SIGNATURE: _____