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: _____

EMERGANCY CONTACT: _____ **PHONE#** _____

KEYS LEFT WITH: _____ **PHONE#** _____

SPECIAL NOTES: _____

_____

_____

_____

HOMEOWNER'S SIGNTURE: _____