

INCIDENT #: _____

**RAISIN TOWNSHIP POLICE DEPARTMENT
HOUSE/ VACATION WATCH**

NAME: _____ ADDRESS: _____

Home Phone #: _____ Departure Date: _____ Return Date: _____

Direct phone number(s) where owner can be reached in an emergency: (____) _____ (____) _____

Lights On? YES NO If Yes, Timers? YES NO Location of Lights? _____

Keys to the home left with anyone? YES NO

NAME: _____ Home Phone #: (____) _____

ADDRESS: _____ Work Phone #: (____) _____

Will anyone have access to the home and/or premises? YES NO (To include lawn maintenance etc.)

NAME: _____ Phone #: (____) _____

NAME: _____ Phone #: (____) _____

ALARM SYSTEM? YES NO Audible? YES NO If yes, how long? _____

How is alarm reset? _____ By whom? _____ Phone #: (____) _____

Alarm company name? _____ Phone #: (____) _____

Any vehicles being left on the premises? YES NO

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>PLATE</u>	<u>LOCATION</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE
_____	_____	_____	_____	_____	<input type="checkbox"/> DRIVE <input type="checkbox"/> GARAGE

Additional Information: _____

Date/Time Received: _____ By: _____

Date/Time Cancelled _____ By: _____

PLEASE REMEMBER TO CALL AND ADVISE US UPON YOUR RETURN AT (517) 424-4615