



ELDRIDGE POLICE DEPARTMENT

House and Security Watches

Address to be watched: _____

Request made by: _____ Phone: _____

Reason for watch: _____

Alarm System: _____ Type of Alarm: _____

Lights left on: _____ Constant: _____ Automatic: _____

_____ Constant: _____ Automatic: _____

_____ Constant: _____ Automatic: _____

Keys left with: _____

Person(s) to be on property: _____

Animals left in Residence: _____ Type: _____

Location: _____

In Case of Emergency, contact: _____ Phone: _____

I request a check of the above premises from: _____ to: _____

Time Leaving: _____ Time Returning: _____

I will notify the Eldridge Police Department upon my return.

Signature: _____ Date: _____