HARRISONVILLE POLICE DEPARTMENT

HOUSE WATCH REQUEST

For Internal Use Only:

Report Date: Report # House Watch #

Name: Phone #

Address:

Destination:

Leaving: Returning:

Lights (please specify location and if on timers):

Vehicles (please specify location and type of vehicle):

Animals:

Has paper/mail been stopped? ☐ YES ☐ NO

Person(s) authorized to enter residence (fee animals, pick up mail, etc.):

Person(s) who have key(s):

Emergency Contact:

1) Name: Phone #

2) Name: Phone #