

HOUSE WATCH APPLICATION

CONTROL # _____

ADDRESS _____ SUBDIVISION _____

HOMEOWNER _____

START DATE _____ END DATE _____

NAME OF REQUESTOR _____ TELEPHONE # _____

BURGLAR ALARM? YES NO

IF YES, NAME OF COMPANY _____

TELEPHONE # _____ WILL ALARM RESET AUTOMATICALLY? YES NO

AUDIBLE ALARM? YES NO

LIGHTS LEFT ON INSIDE? YES NO ON TIMER? YES NO

LOCATION OF INSIDE LIGHTS _____

LIGHTS LEFT ON OUTSIDE? YES NO ON TIMER? YES NO

LOCATION OF OUTSIDE LIGHTS _____

PETS? YES NO INSIDE OUTSIDE

TYPE OF PET (S) _____

FENCED YARD? YES NO

VEHICLES LEFT AT RESIDENCE _____

PERSONS WITH ACCESS TO THE RESIDENCE (YARD SERVICE, MAID SERVICE, FEEDING PETS,
PICKING UP MAIL, ETC)? _____

ADDITIONAL REMARKS _____

EMERGENCY CONTACT(S) _____ TELEPHONE # _____

ADDRESS _____

DOES EMERGENCY CONTACT HAVE A KEY TO THE RESIDENCE? YES NO

PLEASE LIST TELEPHONE NUMBER WHERE YOU CAN BE REACHED WHILE OUT
OF TOWN _____