

VACATION HOUSE WATCH REQUEST FORM

Name: _____

Street Address: _____

Cell Phone: _____

Email: _____

When will you be departing? _____

When will you be returning? _____

Will there be any vehicles in the drive? _____ How many: _____

Are your lights on a timer? _____

Is your home equipped with a security system? _____

Is there a key holder that will respond if necessary? _____

Key Holder's Name: _____

Key Holder's Street Address: _____

Key Holder's Phone Number: _____

Please complete this form and turn in to the city office.

This form is required to be presented in person with personal identification checked to verify the authenticity of the person submitting the form.