

# Madison Police Department

## HOUSE WATCH

### Resident Requesting House Watch: Complete All Sections

**This form MUST be brought to the Police Department prior to the start of your House Watch**

START: Date \_\_\_\_\_ Time \_\_\_\_\_

END: Date \_\_\_\_\_ Time \_\_\_\_\_  WILL CALL ON RETURN

Resident's Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone Number \_\_\_\_\_

Resident's Mailing Address (if different) \_\_\_\_\_

Contact Person/Key Holder \_\_\_\_\_ Telephone Number \_\_\_\_\_

◆ Will there be anyone coming or going from the house?  NO  YES WHO? \_\_\_\_\_

\_\_\_\_\_

◆ Lights left on?  NO  YES WHERE? \_\_\_\_\_

◆ Will there be any vehicles left at the house?  NO  YES DESCRIPTION & TAG \_\_\_\_\_

\_\_\_\_\_

◆ Will there be any animals left outside or is there anything else outside that the officer should know about for his/her safety?  NO  YES WHAT? \_\_\_\_\_

◆ Does the residence have an alarm system?  NO  YES Will it be on?  NO  YES

◆ Any other relevant information: \_\_\_\_\_

**NOTE: This form must be completed and submitted with ample time for phone verification with the home owner by a Police Department representative.**

For Administrative Use Only:

\_\_\_\_\_

BEAT NUMBER:  31  32  33  34  35

CASE NUMBER: \_\_\_\_\_

