

Longmeadow Police Department
House Watch

Please Print:

NAME: _____ HOME PHONE _____

ADDRESS _____

DATE LEAVING: _____ DATE RETURNING: _____

DESTINATION: _____ PHONE: () _____
(Optional)

Alarm(Circle One) Y N Are Lights on Timers? Y N

LOCAL CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

WILL CONTACT HAVE A KEY TO THE RESIDENCE? _____

IS NEWSPAPER & MAIL DELIVER STOPPED? _____

VEHICLES

WILL THERE BE ANY VEHICLES PARKED ON THE PROPERTY?

YEAR _____ MAKE _____ COLOR _____ PLATE# _____ STATE _____

YEAR _____ MAKE _____ COLOR _____ PLATE# _____ STATE _____

WILL ANYONE BE CHECKING/WORKING ON YOUR PROPERTY?

NAME _____ ADDRESS _____

PURPOSE _____

Additional Comments _____

*****PLEASE READ****** Please be aware that this is not a guarantee that your house will be checked on a daily basis but will be checked if staffing allows. This service is available for 60 days; after the 60 day period, this information will be used for contact purposes only. This information is for police use only.

PLEASE CONTACT THE POLICE DEPARTMENT UPON YOUR RETURN.

SIGNATURE _____ DATE _____