



CHERRYVALE POLICE DEPARTMENT

Chief of Police Jimmy Holt

House Watch / Business Watch Request

Owner Information

Name of Owner / Renter / Manager	
Phone Number	
Name of Business (if Business Watch)	
Address	
Date Leaving	Date Returning

Emergency Contact Information

In case of an emergency, we will attempt to contact the persons you list below. An emergency contact should be someone who can respond to the home or business, day or night, with a key and/or access to the alarm system if needed. Please provide the name and phone number of two contacts.

Name	Home Phone	Work Phone	Cell Phone

Location Information

Will Lights be left on?	Yes No	If yes, what room(s)?
Will a dog be left at home?	Yes No	If yes, where will it be kept?
Will anyone be entering or working around the residence or business while you are gone?		Yes No
If yes to above, enter their name and purpose:	Name	Purpose
Do you have an alarm at your residence / Business?	Yes No	
If yes to above, enter name of alarm company and phone number	Company	Phone Number

Vehicle Information

Information on any vehicles left at premises

License Plate	Make	Model	Color	Location

Signature _____ Date _____