



Twin Lakes Police Department

House Watch Information Form

Incident Number: _____

Date Reported: _____

Waiver, I, the undersigned, affirm I am the owner of the property indicated and further agree to hold harmless the Village of Twin Lakes and the Village of Twin Lakes Police Department and its employees; I acknowledge that by completing this form, I am requesting police check said property during my absence. Further, I affirm the property will be vacant during the times listed below.

I further acknowledge this form in no way binds nor implies the Twin Lakes Police Department will be responsible for the security and safekeeping of my property. I understand that if the Twin Lakes Police Department finds an open door, officers will enter my residence and check it.

Name: _____

Address: _____

Phone Number (Home): _____

Phone Number (Mobile): _____

Leaving Date: _____ Time: _____ Returning Date: _____ Time: _____

House Alarmed: YES NO

Lights on Timer: YES NO

Will someone else be checking on residence? YES NO

If YES, who? _____

Vehicles in Driveway or Garage? YES NO

If YES, Make/Model/License Plate Number? _____

Emergency Contacts / Key Holder Information

Name: _____

Phone Number: _____

Key Holder? YES NO

Name: _____

Phone Number: _____

Key Holder? YES NO

Any Other Information:(i.e snow removal company, lawn care company that will be present while you are gone)

Signature: _____

Date: _____