



**PECULIAR POLICE
DEPARTMENT
HOUSE WATCH REQUEST**



DATE LEAVING _____ **DATE RETURNING** _____

COMPLETE ADDRESS _____

CONTACT NAME _____ **PHONE #** _____

INTERIOR/EXTERIOR LIGHT(S) THAT WILL BE ON OR OFF _____

DESCRIPTION OF VEHICLES THAT ARE SUPPOSED TO BE AT ADDRESS

OTHER HELPFUL INFORMATION _____

SECONDARY CONTACT (IF APPLICABLE) _____

PHONE # _____