



TITUSVILLE POLICE DEPARTMENT

1100 JOHN GLENN BLVD. TITUSVILLE, FL 32780

VACATION HOUSE WATCH

REGISTRATION FORM

Please Print Legibly

For Police Department Use Only

House Watch No.

Date:

Zone:

RENEWED:

RESIDENT INFORMATION

LName:	FName:	Email	DATE LEAVING
			AM <input type="text"/> PM <input type="text"/>
ADDRESS:	ZIP	SUB-DIVISION	DATE RETURNING
			AM <input type="text"/> PM <input type="text"/>
HM PH:	Cell 1	TEXT? <input type="checkbox"/>	Work/Other#
			EXT <input type="text"/>
NOTE: YOU MUST CALL THE POLICE DEPARTMENT AND ADVISE WHEN YOU HAVE RETURNED HOME.			

LOCAL EMERGENCY CONTACT INFORMATION

The Emergency Contact must have a key and the authority to allow Law Enforcement and/or Fire Services in the residence. This person will be responsible for securing the property should there be damage due to burglary, fire, etc.

NAME	HM PH:	CELL:	HOUSE KEY?:
ADDRESS:			Note

ALTERNATE CONTACT INFORMATION

NAME	HM PH:	CELL:	HOUSE KEY?:
ADDRESS:			Note

VEHICLES LEFT ON PREMISES

VEHICLE NO. 1	COLOR	MAKE/MOD	LICENSE	LOCATION
VEHICLE NO. 2	COLOR	MAKE/MOD	LICENSE	LOCATION

PEOPLE WITH PERMISSION TO BE ON PROPERTY

PERMISSION 1	NAME:	VEHICLE INFO:	PHONE:
PERMISSION 2	NAME:	VEHICLE INFO:	PHONE:

GENERAL INFORMATION

ALARM SYSTEM? YES <input type="checkbox"/> NO <input type="checkbox"/>	AUDIBLE? YES <input type="checkbox"/>	ALARM SERVICE NAME:	ALARM SERVICE PHONE:
IF NOT MONITORED, WHO CAN RESET THE ALARM?			ALARM RESET PHONE
LIGHTS ON? YES <input type="checkbox"/> NO <input type="checkbox"/>	TIMERS? YES <input type="checkbox"/>	LIGHT LOCATIONS:	
Animals? YES <input type="checkbox"/> NO <input type="checkbox"/>	Additional Info:		
LOCATION? <input type="text"/>			

PLEASE READ

* It is very important that you secure your residence before departing. This includes locking windows, porch access, sheds, etc.

* Remember to stop your mail and newspapers or make arrangements for someone to pick them up.

* It is policy that we do not check properties that are For Sale or if someone is staying at the house while you're gone.

* Be advised this is not a guarantee that your residence will be under constant surveillance, it will only be checked as manpower allows.

AUTHORIZATION: By signing this form, I the homeowner/custodian, hereby authorize the Police Department to use the information supplied in the performance of their duty. Signature Required!

Name: _____ Date: _____