COMMERCE POLICE DEPARTMENT
HOUSE WATCH REPORT

DISTRICT LOCATION: NORTH SOUTH For Dept Use Only

ADDRESS: _____ **NAME:** _____

TELEPHONE NUMBER: _____

Departure Date & Time: _____ Return Date & Time: _____

Emergency Telephone # and Address Where You Can Be Reached: _____

_____

Do you wish to be called should an emergency arise? Yes ☐ No ☐

Have the keys to your home been left with anyone? Yes ☐ No ☐
If "Yes", who: _____ Telephone #: _____

Will anyone be working in, around or have access to your premises during the time of this House Watch request? Yes ☐ No ☐
If "Yes", list names, addresses, their purpose, description of their vehicles, license plate and, if available, their telephone number: _____

_____

_____

List location of lights that will be on and specify if they are on a timer or on full time:

_____

_____

Any animals being left on premises? Yes ☐ No ☐
If "Yes", where will they be left? (house, garage, backyard) _____

List all vehicles that will be parked in front, in the garage, or on your property.
Give description with license plate numbers: _____

_____

List names, addresses and phone numbers of who may have permission to use any of the listed vehicles: _____

_____

I certify that I reside at the address that I am requesting to be placed on house watch, and I agree to allow officers of the Commerce Police Department to enter onto or into my property to insure that the residence is secure, or to secure the residence if it is found to be unsecured, or to enter into the residence in an attempt to locate possible intruders in the residence during my absence. I further agree to contact the Commerce Police Department upon my return home so that the house watch can be canceled without delay.

_____ _____ _____

Printed Name **Signature** **Date**

DISPATCHER INITIAL:_____

DATE RECEIVED:_____