

Town of Lakeside Police Department
House Watch / Extra Patrol

House Check#: _____

Date: _____

Name: _____

Address: _____

Phone Numbers: _____

Begin Date/Time: _____ End date/Time _____

Emergency Contact(s)

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

The following individuals have access or permission to be on the grounds

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

If you have an alarm will it be activated? Yes No

Vehicles, boats, equipment on premises

Signature

<u>Date</u>	<u>Time</u>	<u>Items noted</u>	<u>ID #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You may pick up this form of your completed house watch within 10 days of the cancellation at Lakeside Town Hall at your convenience.