

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