



PARKER POLICE DEPARTMENT

House Watch Request

House Watch - This service is not available to those that will have someone staying at the residence. This consists of an officer checking the residence and surrounding area for suspicious activity at random times, as time and call load permits. A house watch must be requested by a resident of the location. It will be effective for no more than thirty (30) days. If the resident returns early, please contact the police department and advise them.

Increased Patrol - This service can be requested by an occupant of a location and consists of a drive-by inspection at random times, as time and call load permits. The request must be in relation to a reported crime or suspicious activity. The time limit for an Increased Patrol is two weeks (14 days).

Please print all information

| | | |
|---|--|---|
| Location | | Residence Phone |
| Requesters Name | | Emergency Phone |
| Local Emergency Contact Name | | Contact's Phone Number |
| Date Leaving: | Date Returning: | |
| Does Emergency Contact have access to the residence ? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mail Service/ Newspaper Delivery Stopped ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for Request : (If Increased Patrol include case or incident number) | | |
| Broken/Torn/Defective Doors, Windows, or Screens? Please list: | | Where are they located? |
| Pets left at residence? Who is caring for them? (Please list caregiver's name and type of vehicle) | | |
| Will anyone else be accessing the house for any reason? Please list their info and purpose: | | Phone Number(s) |
| Will lights be on timer? | What times are they scheduled to go on/off? | Location? |
| Vehicles left at residence (Include where your vehicle is parked, in front, driveway etc.) | | |
| Year _____ | Make/Model: _____ | Color: _____ Lic # _____ State _____ Where? _____ |
| Year _____ | Make/Model: _____ | Color: _____ Lic # _____ State _____ Where? _____ |
| Year _____ | Make/Model: _____ | Color: _____ Lic # _____ State _____ Where? _____ |

PARKER PD USE ONLY

Received Date: _____ Entry Date: _____ District: _____ By: _____

