



FLORENCE POLICE DEPARTMENT

HOUSEWATCH REQUEST

Your Name: _____
(Last) (First) MI

◆INFORMATION ABOUT YOUR HOME & VEHICLES◆

Address: _____ Is there rear access? (Y) ___ (N) ___

The home will be vacant from: _____ (mm/dd/yy) Until: _____ (mm/dd/yy)

Number of vehicles that will be parked at the home (including golf carts, ATV's, etc.) _____

Veh 1: _____ License Number: _____
Make Model Year State Number

Located in: _____ Garage _____ Driveway _____ Street _____ Shed

Veh 2: _____ License Number: _____
Make Model Year State Number

Located in: _____ Garage _____ Driveway _____ Street _____ Shed

Will there be any lights, televisions, radios, etc left on or set to turn on and off during your absence? (Y) _____ (N) _____ Where are they in the home and when should they be on? _____

If you have a fence with a locked gate is it a padlock or combination lock? _____ If combination, will you provide the combination so that entry can be made to check the fenced area? _____

◆HOW CAN WE REACH YOU◆

Where are you staying? _____
Name Address City State ZIP

Phone number: _____ Cell Phone: _____

◆LOCAL CONTACTS◆

1. Caretaker's Name: _____ Phone number: _____

Caretaker's Address: _____

2. Caretaker's Name: _____ Phone number: _____

Caretaker's Address: _____

Alarm Company Name: _____ Phone Number: _____

Additional information: _____

By signing below I authorize the Florence Police Department and it's agents to enter onto the listed address to perform physical security checks of the structures and property. Without this authorization I understand that the Florence Police Department may be restricted in their ability to perform proper security checks.

Signature: _____ Date: _____