



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: _____