SECURITY HOUSE WATCH

CASE NO._____

Property Owner: _____*Phone No*_____

Address: _____

*Date Leaving:*_____ *Date Returning*_____

*Key Holder / Emergency Contact:*_____
2nd Emergency Contact: _____

Vehicles on Property: Yes [ ] *No* [ ] *Description* _____

Lights on: Yes [ ] *No* [ ] *Interior* [ ] *Exterior* [ ] *Timer Yes* [ ] *No* [ ]

Lawn Service: Yes [ ] No [ ] *Who?* _____

Pool Service: Yes [ ] *No* [ ] *Who?* _____

Pets: Yes [ ] *No* [ ] *Inside* [ ] *Outside* [ ] *Where?* _____

Alarm: Yes [ ] *No* [ ] *Company?* _____

Comments: _____

_____

Windows open for ventilation? Yes [ ] *No* [ ] *Location* _____

Criminal Opportunities Found? Yes [ ] No [ ] *Case No.* _____

Special circumstances, Hazards, etc: _____

Note: Residence security checks are a service of the Lake Clarke Shores Police Department and attempts will be made to have the checks completed on each day. However, circumstances may arise where this is not possible. Additionally, the information contained on this form is considered security information and therefore exempt from Public Record pursuant to FSS 281.301

For Official Use Only

Date	Time	ID#	Date	Time	ID#	Date	Time	ID#

Date	Time	ID#	Date	Time	ID#	Date	Time	ID#