SECURITY HOUSE WATCH

Property Owner: _____ **CASE NO.**_____

*Phone No*_____ *Email* _____

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?* _____ *What Day?* _____

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

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

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

Comments: _____

_____

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

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#