

House and Vacation Watch Intake Form

Information and instructions for completing this form are on the reverse side.

Date: _____ Watch No.: _____ *(office use only)*

***START DATE:** _____ ***ENDING DATE:** _____

***Resident:** _____ ***Home/Cell :** _____

***Address:** _____ ***Zip Code** _____

***Nearest cross streets:** _____

***Mailing address** (if different from above): _____

***Vacation Phone No. (for emergencies):** _____

***CODE WORD:** _____ ***E-mail address:** _____
(Choose one short word you will remember.)

***Local Emergency Contact:** Name(s) _____

***Address:** _____ ***Phone No.** _____

***Person(s) authorized on property/Purpose** (yard maintenance, pet care, etc.): _____

***Pets** (Please specify their location): _____

***Vehicle(s) on property** (G-garage; D-driveway; Y-yard)

(G/D/Y)	Year/Make/Model	Color	License No.
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(G/D/Y)	Year/Make/Model	Color	License No.
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***Alarm System:** Yes / No **Co. Name:** _____ ***Phone No.** _____

***Light(s) / Timer On:** Yes / No **Locations and times:** _____

Mail Stopped: Yes / No

Paper Stopped: Yes / No

***1)** Do we have access to your back yard? Yes / No

***2)** Are there any broken windows? Yes / No **Locations:** _____

***4)** Are there any torn or absent screens? Yes / No **Locations:** _____

***5)** Will any of your outdoor buildings be unlocked? Yes / No **Locations:** _____

***6)** Describe any damage to your property or outdoor buildings that we should know about?: _____

**=required fields*

