



Del Rey Oaks Police Department

House or Business Watch Request

Date Received:	
Time Received:	
Received By:	
How Received:	<input type="checkbox"/> In Person <input type="checkbox"/> Fax
	<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail

Owner Information

Name of Owner / Renter / Manager:	
Name of Business (if Business Watch):	
Address:	
Date Leaving:	Date Returning:

Emergency Contact Information

In case of an emergency, we will attempt to contact the persons you list below. An emergency contact should be someone who can respond to the home or business, day or night, with a key and/or access to the alarm system if needed. Please provide the name and phone number of two contacts.

Name	Home Phone	Work Phone	Cell Phone

Location Information

Will lights be left on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what room(s)?	
Will a dog be left at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where will it be kept?	
Will anyone be entering or working around the residence or business while you are gone?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to above, enter their name and purpose:	Name		Purpose
Do you have an alarm at your residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to above, enter name of alarm company and phone number	Company		Phone Number

Vehicle Information

Information on any vehicles left at premises

License Plate	Make	Model	Color	Location

Printed Name:	
Signature:	