



## HOUSE WATCH REQUEST

*Request is valid for 30 days.*

Please complete and email form to [housewatch@parkertexas.us](mailto:housewatch@parkertexas.us) or drop off at the Police Department

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Keys Left With: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm System:  Yes  No Will It Be On:  Yes  No

Monitoring Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Will anyone be working at or have access to premises while you're gone?  Yes  No

Who/When: \_\_\_\_\_  
 \_\_\_\_\_

Do You Have Animals To Watch For:  Yes  No Leaving Lights On:  Yes  No  Timer

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Checked	Time Checked	Initials Of Officer	Date Checked	Time Checked	Initials Of Officer