

**Troutman Police Department  
House Watch Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_

**Date of Return:** \_\_\_\_\_

**Contact phone number you can be reached at:** \_\_\_\_\_

**Person(s) that have access to your home:**

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**Will any lights be left on?**     Yes     No    **Are they on a timer?**     Yes     No

Lights will be on in the following rooms:

- Living room     Kitchen     Bedroom     Bathroom     Additional Bedroom  
 Front door     Back door     Garage     Yard Lights

**Will any vehicles be parked at your residence?**     Yes     No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

**Anyone permitted at your residence?**     Yes     No

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Please list any other information or details for our records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_