Genoa City Police Department

HOUSE WATCH REQUEST

Premise Check for ___/___/___ through ___/___/___

Address/Location _____
Request Made By _____
Reason for Check Vacation _____ Other _____
Contact Phone Number(s) _____
In Case of Emergency, Do you want contact? Yes ___ No ___
Lights left on? Yes ___ No ___ If yes, Location _____
Keys left with (if any):
Name/Phone _____
Name/Phone _____
Name/Phone _____

Officer House Watch Log

Date	Time	Premise Condition/Notes	Officer