



# DALLAS TOWNSHIP POLICE DEPARTMENT

PO BOX518 RT309, DALLAS PA 18612 ♦ (570) 674-2000 FAX (570) 675-7877

## House Watch Request

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

### Owner/Property Information

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

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Reachable?  Yes  No

Date of Departure:  AM  PM Date of Return:  AM  PM Destination: \_\_\_\_\_ Phone (if known) \_\_\_\_\_

### Emergency Contact Information

Name/Keyholder	Address	Telephone
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Lighting Information

List rooms/location in or outside of the home where lights will either be left on or are on a timer or sensor. If on a timer, indicate turn on and shut off times. Please be as specific as possible

### Alarm Information

Alarm on House?  Yes  No Type:  Burglar  Police  Fire Alarm Company \_\_\_\_\_ Telephone \_\_\_\_\_

Newspapers/Mail Information Papers Stopped?  Yes  No Mail Stopped?  Yes  No

### Authorized Vehicles on Site

Make / Model	Color	Year	Tag# / State

### Miscellaneous Information

Will anyone be checking/working on the property (repair people, landscapers, snowplowers, cleaning people, pet sitters, ect.)? Is there any other information we should know? Broken windows? Dogs on property?

I hereby authorize the Dallas Township Police Department to enter my property to visually inspect the house exterior and take any action it deems necessary for the protection of my property during my absence. I understand and agree that this is a voluntary, free service and does not create a special duty upon the township and will be provided depending upon weather and man power. Further, I understand that no guarantee is made nor assurance given against loss, theft or damage to the property. The undersigned agrees to hold harmless the township, its employees and agents for any and all claims for personal injury, loss or damage to the property that may be suffered through any action or lack thereof by a representative of the police department.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date