



GRAHAM COUNTY SHERIFF'S OFFICE

Vacation House Watch

NAME _____ PHONE _____
FIRST/ LAST NAME

ADDRESS _____

_____ CITY STATE _____

1. DATE(S) _____ TO _____
DATE LEAVING DATE RETURNING

2. VEHICLE(S) ON PREMISES (1) _____
YEAR/MAKE/MODEL/COLOR

(2) _____
YEAR/MAKE/MODEL/COLOR

(3) _____
YEAR/MAKE/MODEL/COLOR

(4) _____
YEAR/MAKE/MODEL/COLOR

3. ARE LIGHTS LEFT ON? YES _____ NO _____

IF YES, WHERE _____

4. ALARMS: SMOKE _____ BURLGAR _____ SILENT _____ AUDIBLE _____

5. ARE THERE ANIMALS ON THE PREMISES? YES _____ NO _____

IF YES, WHAT KIND AND WHERE _____

6. WHO IS CARING FOR THE ANIMALS: _____
FIRST/ LAST NAME & PHONE NUMBER

7. WHO HAS A KEY TO YOUR PREMISES: _____
FIRST/ LAST NAME & PHONE NUMBER

8. IN CASE OF EMERGENCY CONTACT: _____
FIRST/ LAST NAME & PHONE NUMBER

9. SPECIAL INSTRUCTIONS: _____
