

Le Mars Police Department

House Watch Request

Date of request: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

Date Leaving: _____

Date Returning: _____

Alarm: Yes _____ No _____

Lights: Yes _____ No _____ Location: _____

Timer: Yes _____ No _____

Responsible Party:

Name: _____

Address: _____

Phone: _____

Cars in driveway/garage: _____

Additional information: _____
