

BLUFFTON POLICE DEPARTMENT HOUSE WATCH CHECK

HOME OWNER: _____

ADDRESS: _____ CITY & ZIP: _____

CONTACT PHONE # _____ ALT. # _____

OWNER DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

ARE NEIGHBORS INFORMED YES NO

PERSONS WITH KEY

1. _____ CONTACT # _____

2. _____ CONTACT # _____

PERSON WITH PERMISSION TO BE ON PROPERTY

PARKED VEHICLES YES NO GARAGED YES NO

MAKE/COLOR _____

ARE LIGHTS ON A TIMER? YES NO TIMES _____

NEWSPAPER STOPPED YES NO MAIL STOPPED YES NO

PETS YES NO TYPE _____

NOTIFICATION UPON RETURN YES NO

OTHER NOTES:
