



HOUSE WATCH REQUEST

Requests are valid for 30 day periods.

Please complete and email form to housewatch@parkertexas.us or drop off at the Police Department

Name: _____ Address: _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Departure Date/Time: _____ Return Date/Time: _____

Keys Left With: _____ Phone: _____

Alarm System: ☐ Yes ☐ No Will It Be On: ☐ Yes ☐ No

Monitoring Firm Name: _____ Phone: _____

Will anyone be working at or have access to premises while you're gone? ☐ Yes ☐ No

Who/When: _____

Do You Have Animals To Watch For: ☐ Yes ☐ No Leaving Lights On: ☐ Yes ☐ No ☐ Timer

Emergency Contact: _____ Phone: _____

Date Checked	Time Checked	Initials Of Officer	Date Checked	Time Checked	Initials Of Officer