



**FAYETTE COUNTY
SHERIFF'S OFFICE**
SHERIFF BOBBY RILES

HOUSEWATCH REQUEST

REQUESTER'S INFORMATION

LAST NAME	FIRST NAME	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP	
IS THIS ADDRESS THE SAME AS THE HOUSEWATCH ADDRESS?				<input type="checkbox"/> YES <input type="checkbox"/> NO

HOUSE INFORMATION

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	ALTERNATE PHONE NUMBER		
DEPARTURE DATE:	RETURN DATE		

PLEASE DESCRIBE THE HOUSE

EMERGENCY CONTACT INFORMATION

LAST NAME	FIRST NAME	PHONE NUMBER	ALTERNATE PHONE:
ADDRESS	CITY	STATE	ZIP

CARETAKER INFORMATION

List all individuals with access

LAST NAME	FIRST NAME	RELATIONSHIP	PHONE NUMBER

LIGHTING INFORMATION

WILL THERE BE ANY LIGHTS ON DURING YOUR ABSENCE? ► YES NO

IF YES, PLEASE DESCRIBE WHICH ROOMS AND HOW MANY LIGHTS.

VEHICLE INFORMATION

WILL ANY VEHICLES BE LEFT ON THE PROPERTY? ► YES NO

YEAR	MAKE	MODEL	BODY	COLOR	TAG NUMBER	STATE	VIN

ALARM INFORMATION

IS THIS ADDRESS EQUIPPED WITH A MONITORED ALARM? ► YES NO

ALARM COMPANY NAME	PHONE NUMBER
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COMMENTS

★ TO BE COMPLETED BY FCSSO ★

APPROVED BY:	CHECK #
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