



VACATION WATCH REQUEST

Start Date: _____ End Date: _____

Address: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Keys Left With: _____

Key Holder Address: _____

Key Holder Phone: _____ Alternate Phone: _____

Vehicles: _____

In Garage?: _____ In Driveway?: _____

Lights On: Y N On Timer: Y N Location in House: _____

Active Alarm System: Y N Alarm Company: _____

Pool: Y N Hot Tub: Y N Fenced: Y N Locked: Y N

Pets: _____ In House: Y N In Yard: Y N

Parties allowed access to the property? (ex.: neighbor to pick up mail, gardeners, pool cleaners,): _____

Additional Information or Notes: _____

PLEASE BRING THIS COMPLETED FORM TO THE POLICE DEPARTMENT OR EMAIL
TO: info@pilotpointpolice.org

PILOT POINT POLICE DEPARTMENT

1797 N. WASHINGTON ST, PILOT POINT, TX 76258 || 940-686-2969 • info@pilotpointpolice.org