



# House Watch Request Form

Sherman Police Department

2629 E. Andrew Rd. Sherman, IL 62684 • (217) 496-3256 • www.shermanil.org

Address: \_\_\_\_\_ Name: \_\_\_\_\_

Request Made By: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Reason for Extra Patrol:  Vacant Premises  Vacation  Other: \_\_\_\_\_

Type of Premises:  Residence  Business  Other: \_\_\_\_\_

Alarm System?  Yes  No If yes, type of alarm: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Lights On?  Yes  No Constant?  Yes  No Automatic?  Yes  No

Keys left with anyone?  Yes  No If yes, name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Other persons having access to your premises such as relatives, workers, neighbors, employees, etc.?

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

In case of emergency, do you wish to be contacted?  Yes  No

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**I request that a Security Check be made of my premises:**

**From (insert date/time):** \_\_\_\_\_

**To (insert date/time):** \_\_\_\_\_

**I will notify Sherman Police upon my return.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_