Morgan's Point Resort Police Department
VACATION – HOUSE WATCH

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HOUSE WATCHES LASTING LONGER THAT 21 DAYS MUST HAVE PRIOR APPROVAL FROM CHIEF OF POLICE !!!

Name: _____

Address: _____

Phone: _____ (A NUMBER WHERE YOU CAN BE REACHED WHILE AWAY)

Departing: _____ Returning: _____
(DATE AND TIME) (DATE AND TIME)

Have keys to the residence been left with anyone? ☐ Yes ☐ No

If yes, who have the keys been left with:
Name: _____ Address: _____ Phone: _____

Will anyone have access to the residence? ☐ Yes ☐ No

If yes, who will have access:
Name: _____ Address: _____ Phone: _____

Any dogs in the yard? ☐ Yes ☐ No

Any lights left on? (In or around the residence) ☐ Yes ☐ No

Where: _____

List any vehicles left at residence:

_____

I hereby request a security check be made of my premises and further agree to immediately notify the police department of my return.

_____ _____
Signature of Property Owner Date

SECURITY CHECK REPORT (POLICE DEPARTMENT USE ONLY)

Date	Time	Condition	Unit

Date	Time	Condition	Unit

(continued on back)

CONTINUATION OF HOUSE WATCH

Date	Time	Condition	Unit	Date	Time	Condition	Unit