

RIO VISTA POLICE DEPARTMENT
COURTESY HOUSE WATCH



NAME: _____ PHONE#: _____

ADDRESS TO BE CHECKED: _____

REASON: _____

START DATE & TIME: _____ END DATE & TIME: _____

IN CASE OF EMERGENCY NOTIFY: NAME: _____

ADDRESS: _____

HOME PHONE: _____

WILL EMERGENCY CONTACT PERSON HAVE A KEY? _____

WILL THE LIGHTS BE ON TIMERS? _____ IF YES, PLEASE LIST TIMES AND LOCATIONS:

ALARM SYSTEM?: _____ IF SO, WHO (IF ANYONE) SHOULD BE CONTACTED FOR ALARM
CODE? _____

LIST TYPE OF PET/S AND THE LOCATION WHERE PET/S WILL BE AT ADDRESS:

LIST ANY VEHICLES & LICENSE NUMBERS THAT WILL BE LEFT AT LOCATION: _____

DOES ANYONE HAVE PERMISSION TO BE AT THE ADDRESS? _____ IF SO, LIST THEIR
NAMES AND DESCRIBE THEIR VEHICLES: _____

I understand the Rio Vista Police Department will provide House Watch services, as a courtesy, when time and staff are available to do so. I further understand the agreement to provide a House Watch service does not imply constant protection and that the Rio Vista Police Department and/or the City of Rio Vista are not liable and/or responsible for any criminal acts that may occur in between the house checks.

Signature of Person Requesting House Watch: _____

FOR POLICE DEPARTMENT PERSONNEL ONLY

HOUSE WATCH NUMBER: _____