

Hillsboro Police Department House Watch Form

Date: _____

Page: ____ of ____

Person Requesting House Watch: _____

Address of House Watch: _____

Date to Depart: _____

Date to Return: _____

Emergency Phone Numbers:

Person to Contact:

1. _____

2 _____

3 _____

Do you have an alarm? Yes No (Circle One)

Are lights on a timer? Yes No

If Yes, name of alarm company: _____

Additional Information: _____

Officer Log

Officer Name and Number: _____

Date	Time	Information	Date	Time	Information
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____