

Wayne Police Department  
Request for Vacation Watch  
(When completing form, Please Print)

**Location Address:** \_\_\_\_\_

**Time Period: (Maximum 14 Days)**

From (Date) \_\_\_\_\_ (Time) \_\_\_\_\_ To: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

**Owner / Requestor:** \_\_\_\_\_

(First) (Middle) (Last)

**Phone number(s) that owner can be contacted:** #1 \_\_\_\_\_ #2 \_\_\_\_\_

**Alarm:** Yes / No *(If Yes)* **Alarm Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional Contact Information:**

*(An alternate person living nearby that can be contacted)*

**Contact Person :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Has Keys to Location:** Yes / No

**Additional Information:**

Will there be any lights left on or on timers? Yes / No

*(If Yes)* Where and When? \_\_\_\_\_

Are there any broken windows, screens or other noticeable damage to the exterior of your home?

Yes / No

*(If Yes)* Where? \_\_\_\_\_

Vehicles remaining in driveway?

Veh #1 - Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

Veh #2 - Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

Will there be anyone periodically checking on your home, collecting mail, etc.? Yes / No

*(If Yes)* Name(s): \_\_\_\_\_

Is there anyone that does **NOT** have permission to be at your home?

*(If Yes)* Name(s) and Relationship \_\_\_\_\_

The undersigned understands that the Wayne Police Department will make every effort to make periodic checks of your home. This does not preclude the possibility of criminal activity occurring at your home, which may not be prevented. Depending on demands for police service throughout the city, there may be days when your home is not checked.

Signature: \_\_\_\_\_