

**WILLIAMS TOWNSHIP  
POLICE HOUSE WATCH REQUEST**

Date of Request:		
Departing Date:		Return Date:
Name of Resident:		
Address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
Automatic Lights on: Yes No		
Location of Lights:		
Alarm: Yes No	Pets at Home: Yes No	
Persons that have access to the Premises:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Vehicles in Driveway: Yes No		
Make/Model/License No.:		
Make/Model/License No.:		
Make/Model/License No.:		
<b>IN CASE OF EMERGENCY CONTACT INFORMATION</b>		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:		
<b>OTHER INFORMATION THAT MAY BE IMPORTANT FOR AN OFFICER TO KNOW</b>		
Submitted by:		Date: