

For Precinct Use Only
Date Received:
Time Received:
Received by:
How Received: In person or electronic:

Denton County Pct. 6 Constable's Office House Watch Request

RESIDENT INFORMATION	
NAME OF OWNER/RENTER:	
ADDRESS:	
PHONE NUMBER:	EMAIL:
DATE LEAVING:	DATE RETURNING:

EMERGENCY CONTACT INFORMATION			
IN CASE OF EMERGENCY, WE WILL ATTEMPT TO CONTACT THE PERSONS YOU LIST BELOW. AN EMERGENCY CONTACT SHOULD BE SOMEONE WHO CAN RESPOND TO THE HOME, DAY OR NIGHT, WITH A KEY AND /OR ACCESS TO THE ALARM SYSTEM IF NEEDED. PLEASE PROVIDE THE NAME AND PHONE NUMBER OF CONTACTS.			
NAME	HOME PHONE	WORK PHONE	CELL PHONE

LOCATION INFORMATION	
1A) Will lights be left on?	YES NO
1B) If applicable, what room(s)?	
2A) Will a pet be left at home?	YES NO
2B) If applicable, where will the pet be kept?	
3A) Will anyone be entering or working around the residence while you are gone?	YES NO
3B) If applicable, enter their name and purpose:	
4A) Do you have an alarm at your residence?	YES NO
4B) If applicable, Alarm Company and Phone number:	

VEHICLE INFORMATION				
Information of any vehicles left at the residence				
License Plate	Make	Model	Color	Location

Printed Name of Home owner:
Signature:

