

## **Whitewright Police Department**

Integrity and Commitment for Our Community

## Vacation House Watch

Name of requestor:	Race:	Sex:	DOB:	
Driver's Lic. #: Home Phone #: ()		_ Cell Phor	ne #: ()	
Address to be checked:			Whitewright, Tex	as 75491
Date & Time Leaving: Dat	te & Time Ret	urning:		
Additional Contact # While Away: ()				
Which number listed would you like to list as your e during your leave? (Circle One) (Home) (Cell) (Lo			ase we need to co	ntact you
Local Contact Person we may contact if we need any Name: Contact #:	•	•	•	u are gone
Is alarm present and will it be activated? Yes/No If y Alarm Company Contact Ph				
Will there be lights on a timer? Yes/ No; If yes, indication: Inside – Start: End: Ou				its Hours of
Vehicles to remain at the location:				
Make: Model:Color:vehicle will remain in the (circle one): Garage Driver		e #:	State:	This
Make: Model:	Color:		Plate #:	
State: This vehicle will remain in the (circle	e one): Garage	e Drivewa	У	
Authorized Person(s) on Location:				
Pets on location: Yes No – If yes, Dog(s) Cat(s) Other	:	·		

\*\*\*Note: If you return earlier, please notify us at 903-364-2210 immediately upon your return.\*\*\*