



# Kendall County Sheriff's Office

## House Watch Request Form

Name		Date Requested:	
Address			
City		State	Zip Code
Cross Street or Landmark			
Home Phone		Cell Phone	
e-mail Address			
Date Leaving:		Date Returning:	
Any Lights Left On? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any light on timers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, Where?			
Any Vehicles Left on the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many?	
Please List Make, Model, Year and Color of all Vehicles Left on Property:			
(1)			
(2)			
(3)			
Is the House/Property Alarmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Silent or Audible?	
Please List the Name(s) and Phone # of Anyone who has Keys to the Property:			
(1)			
(2)			
(3)			
Can you be reached? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, where:	
Emergency Contact Name:		Phone #:	
Will Animals be left on the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many?	
What Kind?			
Special Instructions:			