Valley View Police Department House Watch

Emergency Contact Info

Name:_____ Name:_____

Address:_____ Address:_____

Starting Date:_____ Phone#:_____

Returning Date:_____ Pets on premises Y / N

Special Intructions: (lights on timers, neighbors getting mail, vehicles in driveway)

_____

_____

_____

** *Please be advised this is not a guarantee your home will be safe from any specific crime or natural disaster. Officers will checks homes on their tour of duty as time permits.* **

Police use only

Date	Comments	Initials

Cont'd