

## **Pottawattamie County House Watch Request**

If you plan to be away from your residence for longer than 48 hours, you may request that exterior security checks be made. Please complete and submit this form at least two days prior to departure.

Submit in person, or by Fax: 712-890-2207

Name, Address & Schedule				
Last Name:		First Name:		
Address:			Home Phone:	
Departure Date & Time:			Return Date:	
Emergency Contact Information				
In an emergency, I may be reached at – Phone:				
Or, I may be reached through another person – Name:				
Security Information				
WILL ALARM BE ACTIVATED?	What rooms?			
Yes [ ] No [ ] Lights on at what time?		What rooms?		
-9				
Please list below any individuals who have permission to be in your home during your absence:				
Name:	Vehicle N	Make:		Reason:
Name:	Vehicle N	Make:		Reason:
Name:	Vehicle N	Make:		Reason:
Vehicle Information If you will be leaving vehicles on the premises, please fill out the information below.				
Location:		Make, Model & Plate:		
Location:		Make, Model & Plate:		
County Sheriff's Office upon my re	eturn. I un	derstand	d that home 'Sec	agree to notify the Pottawattamie urity Checks' are done solely to the a substitute for my own security
Date:	Signaturo			