

## Kingston Township Police Department 180 EAST CENTER STREET, SHAVERTOWN, PA 18708-1514 • (570) 696-1175

## **House Watch Request**

							Date:			
Owner/Property Information										
Name:										
Address:										
Home Telephone:			Cell Phone:					Reachable?		
Date & Time of Departure	: AM	Date & Time of R		eturn: AM		Destination:		Phone (if known)		
Emergency Contact Information										
Name	Key Holder?			Address			Telephone			
		Yes No								
			)							
Lighting Information										
List rooms/location in or outside of the home where lights will either be left on or are on a timer or sensor. If on a timer, indicate turn on and shut off times. Please be as specific as possible.										
Alarm Information										
Alarm on House?	<b>51</b>			Alarm Company       Fire				Telephone		
Newspapers/Mail Information No				vspapers Stopped?  Yes No Ma				Iail Stopped? 🗌 Yes 🗌 No		
Authorized Vehicles on Site										
Make / Model			Color Year				Tag# / State			
					_					
Miscellaneous Information										
Will anyone be checking / we should know? Broken	windows? Dogs on	property?	_			oval, cleaning people				

I hereby authorize the Kingston Township Police Department to enter my property to visually inspect the house exterior and take any action it deems necessary for the protection of my property during my absence. I understand and agree that this is a voluntary, free service and will not create a special duty upon Kingston Township and will be provided, dependent upon weather and manpower. Further, I understand that no guarantee is made nor assurance given against loss of, theft of, or damage to my property. Finally, I agree to hold harmless Kingston Township, its employees and its agents, for any and all claims of personal injury, loss or damage to the property that may be suffered through any action or lack thereof.