

**SOLON POLICE DEPARTMENT
HOUSE WATCH PROGRAM**

Leave Date: _____ Time: _____ Return Date: _____ Time: _____

Name: _____

Address: _____

Phone: (____) _____ Pager: (____) _____ Cell: (____) _____

Will your pager/cell phone be with you during your absence? Yes _____ No _____

Keyholders/Emergency Contacts

1) Name: _____ Phone: (____) _____
Address: _____

2) Name: _____ Phone: (____) _____
Address: _____

3) Name: _____ Phone: (____) _____
Address: _____

Lights?

List location in or outside of home, (1st floor/2nd floor, front or rear of home, etc.) Also list whether or not they are on a timer and what time they are set to turn on or shut off.

Papers Stopped? Yes No **Mail Stopped?** Yes No **Alarm on House?** *Yes No
(circle one) (circle one) (circle one)

*If yes, is the contact for alarm the same as Keyholders listed above? Yes _____ No _____
If different, please list contact name and phone: _____

Authorized Vehicles on Site

Make: _____ Make: _____ Make: _____
Model: _____ Model: _____ Model: _____
Color: _____ Color: _____ Color: _____

Repair people, landscapers, snowplowers, cleaning people? Is there any information we should know?
(Please list it on reverse of this paper)

NOTE:

It is the responsibility of the home or business owner to contact the Solon Police Department at 440-248-1234 if the House Watch or Special Attention is to be extended or terminated early. Failure to do so releases the Department of any liability.

Resident's Signature _____ Date _____

For Department Use Only

ID Number _____ Zone _____
Received by: _____ Date: _____ Time: _____
Entered by: _____ Date: _____ Time: _____