

KINGSTON TOWNSHIP POLICE DEPARTMENT 180 EAST CENTER STREET, SHAVERTOWN, PA 18708-1514 • (570) 696-1175



House Watch Request

Date & Time of Departure: Date & Time of Return:						Date	
Date & Time of Departure:	Owner/Property	Information	1				
Date & Time of Departure: Date & Time of Return: Date & Time of Return:	Name:						
Date & Time of Departure: Date & Time of Return: Date & Time of Return:	Addragg						
Destination:	Audress:						
Emergency Contact Information Name	Date & Time of Departure:			Date & Time of			
Emergency Contact Information Name							
Name Key Address Telephone Holder?	Destination:						Cell Phone:
Holder?	Emergency Cont	act Informa	tion				
Yes	Name	Key	Key Address			Telephone	
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			Holder?				
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Alarm Information Alarm OHouse? Type: Alarm Company Telephone Yes	0 0		1 1: 1.	21 24 1 1 0	·:	TC .:	11.4.664
Alarm on House? Type:	Please be as specific as pos	sible.					
Newspapers/Mail Information Newspapers Stopped? Yes No Mail Stopped? Yes No No No No No No No N	Alarm Informati	on					
Newspapers/Mail Information Newspapers Stopped?					Company		Telephone
Authorized Vehicles on Site Make / Model Color Year Tag# / State Miscellaneous Information Will anyone be checking / working on the property (repair people, landscapers, snow removal, cleaning people, pet sitters, etc.)? Is there any other information we should know? Broken windows? Dogs on property? I hereby authorize the Kingston Township Police Department to enter my property to visually inspect the house exterior and take any action it deeper the state of the color of the c				I.			
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kingston Township and will be provided dependent upon weather and manpower. Further, I understand that no guarantee is made nor assurance given agai 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 perso injury, loss or damage to the property that may be suffered through any action or lack thereof.	necessary for the protection Kingston Township and will loss of, theft of, or damage t	of my property dur be provided deper o my property. Fir	ing my absen ndent upon v nally, I agree	ice. I understand an veather and manpov to hold harmless K	d agree that this is a ver. Further, I und ngston Township,	a voluntary, free service erstand that no guarant	e and will not create a special duty upor ee is made nor assurance given against
Signature of Resident Date	Signature of Docidant						Date