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| Union County Sheriff’s OfficeSecurity Watch/Vacation Watch Application |

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| **LOCATION INFORMATION** |
| Name:  |
| Phone:  | Cell Phone:  | Email:  |
| Address:  | Township: |
| Start Date:  | End Date:  | Watch#  |
| **PREMISE INFORMATION** |
| Watch Type (circle one) Vacation Security Occupied: YES NO  |
| Mail Discontinued? Paper stopped? Deliveries stopped? |
| Alarm Company?  | If Yes, Name:  | Phone:  |
| **EMERGENCY CONTACTS** |
| 1. Name:
 |
|  Address: | Phone:  |
|  Key Available? Yes No | Vehicle Description:  |
| 1. Name:
 |
|  Address: | Phone:  |
|  Key Available? Yes No | Vehicle Description: |
| 1. Name:
 |
|  Address: | Phone:  |
|  Key Available? Yes No | Vehicle Description: |
| 1. Name:
 |
|  Address: | Phone:  |
|  Key Available? Yes No | Vehicle Description: |
| **ADDITIONAL INFORMATION** |
| Lights on?  | If yes are they: On a timer? Or On constantly? |
| Location of Lights left on:  |
| Pets on Premises? Yes No | If yes, are they secured? |
| Vehicles on Premises? Yes No | If yes, how many?  |
| Year  | Make  | Model  | Color  | Plate |
| Year | Make | Model  | Color  | Plate |
| Year | Make  | Model | Color  | Plate |
| Year | Make | Model | Color | Plate |
| ADDITIONAL REMARKS |
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| Do you want called in case of an emergency? | Yes No | Phone:  |
| Applicant’s Signature: Date: |
| Deputy Requesting (if applicable) | Dispatcher Initials: |
| Supervisor Signature: Date: |