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| Union County Sheriff’s Office  Security 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: | | | | | | | | | | | |