



RICHMOND POLICE DEPARTMENT

House Watch – Business Watch Request

For Precinct Use Only	
Date Received:	
Time Received:	
Received By:	
How Received:	<input type="checkbox"/> In Person <input type="checkbox"/> Fax
	<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail

House / Business Watches are good for 3 weeks only. Additional time will require additional forms.

Owner Information

Name of Owner / Renter / Manager:			
Name of Business (if Business Watch):			
Address:			
	Street Number	Street Name	Apartment/Suite
Date Leaving:		Date Returning:	

Emergency Contact Information

In case of an emergency, we will attempt to contact the persons you list below. An emergency contact should be someone who can respond to the home or business, day or night, with a key and/or access to the alarm system if needed. Please provide the name and phone number of two contacts.

Name	Home Phone	Work Phone	Cell Phone

Location Information

Will lights be left on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what room(s)?	
Will a dog be left at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where will it be kept?	
Will anyone be entering or working around the residence or business while you are gone?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to above, enter their name and purpose:	Name	Purpose	
Do you have an alarm at your residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to above, enter name of alarm company and phone number	Company	Phone Number	

Vehicle Information

Information on any vehicles left at premises

License Plate	Make	Model	Color	Location

Printed Name:	
Signature:	