

Please mail to PO Box 549, Twin Lakes, Wisconsin 53181 or fax to 262-877-9056

HOUSEWATCH INFORMATION FORM

******Please note that house watch is only available for a maximum of 30 days in a calendar year for each resident******

INCIDENT NUMBER: _____

NAME: _____

OUT OF TOWN ADDRESS: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

GONE FROM: _____ **RETURN:** _____

LIGHTS - TIME: _____ **ROOM:** _____

TIME: _____ **ROOM:** _____

EMERGENCY CONTACT: _____

TELEPHONE: _____

EMERGENCY CONTACT: _____

TELEPHONE: _____

KEYHOLDERS: _____

TELEPHONE: _____

OTHER COMMENTS: _____

