Melissa Police Department

Duane A. Smith, Chief

DEPARTMENT USE ONLY:
RECEIVED ___ IN PERSON ___BY PHONE BY: _____ DATE: _____ TIME: _____

DATE LEAVING: _____ DATE RETURNING: _____

NAME OF RESIDENTS: _____

ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT 1: _____ CONTACT NUMBER: _____

EMERGENCY CONTACT 2: _____ CONTACT NUMBER: _____

Description of residence: _____

Will keys be left with anyone? Y☐N☐That persons name: _____
Their address: _____ Their phone number: _____

Will anyone else be going in and out of the house? Y☐N☐List names and phone numbers:
_____
_____
_____

Will you be leaving lights on? Y☐N☐Where? _____ On a timer? Y☐N☐

Will dogs or cats be left at the house? Y☐N☐Or in the yard? Y☐N☐

Will you have anyone doing yard work? Y☐ N☐ Name: _____

Do you have a home alarm? Y☐N☐Name of company: _____

Will any vehicles be left on the property? Y☐N☐Where: Outside or Garage
Year _____ Make _____ Model _____ LP # _____ Color _____

Year _____ Make _____ Model _____ LP # _____ Color _____

Year _____ Make _____ Model _____ LP # _____ Color _____

SHOULD YOU RETURN EARLIER THAN EXPECTED, PLEASE NOTIFY US SO WE MAY CANCEL THE WATCH.

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