

City of Martinsville, Indiana

Police Department Vacation Watch Request

Please use this form to notify our Police Department of your plans to be away from your home or business and to request that officers check on your home or business while you are away.

Please Provide the following information.

Address: _____

Date of Departure: _____

Date of Return: _____

Premises Type: Residence

Will Keys be left with anyone? If yes, please provide their name and contact number.

Will anyone be working at the premises during your absence? If yes, please provide their name.

In case of an Emergency do you wish to be notified by a Collect Call?

If yes, please provide your name and contact number.

Please provide the location of any lights you may leave on.

Description of any vehicle left on premises (make, color and license plate)

I agree to notify the Martinsville City Police Department upon my return:

Signature: _____ Date: _____

Telephone: _____ Email: _____