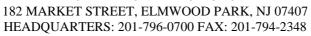


ELMWOOD PARK POLICE DEPARTMENT

CHIEF MICHAEL FOLIGNO







House Watch Program Request Form

						Date:	
Owner/Property Information							
Name							
Address							
Home Telephone				Cell Telephone		Reachable? ☐ Yes ☐ No	
Date of Departure	□am □ pm	Date of Return	n □am □pm	Destination Pl		Phone (if known)	
Emergency Contact Information							
Name/Keyholder			Address			Telephone	
Lighting Information							
List rooms/locations in or outside of the home where lights will either be left on or are on a timer or sensor. If on a timer, indicate tum on and shut off times. Please be as specific as possible. (attach a separate sheet if necessary)							
Alarm Information							
Alarm on House? ☐ Yes ☐ No	□Burglar □Pa	nic □Fire	Alar	m Company Tel		Telephone	
Newspapers/Mail Information Papers Stop		pped? Yes No Mail Sto		Mail Stoppe	pped? Yes No		
Authorized Vehicles on Site							
Make		Color Year		Year	Tag # / State		
Miscellaneous Information							
Will anyone be checking/working on the property (repair people, landscapers, snowplowers, cleaning people, pet sitters, etc.)? Is there any other information we should know? Broken windows? Dogs on property? (attach a separate sheet if necessary)							
I hereby authorize the Elmwood Park Police Department to enter my property to visually inspect the house exterior and take any action it deems necessary for the protection of my property during my absence. I understand and agree that this is a voluntary, free service and does not create a special duty upon the township and will be provided depending upon weather and manpower. Further, I understand that no guarantee is made nor assurance given against loss, theft or damage to the property. The undersigned agrees to hold harmless the township, its employees and agents for any and all claims for personal injury, loss or damage to the property that may be suffered through any action or lack thereof by a representative of the police department.							
Signature of Resident			-	Date			