CITY OF AVON

POLICE DEPARTMENT

36145 DETROIT ROAD * AVON, OHIO 44011-1099 * (440) 934-1234 * FAX (440) 934-4054 * WWW.AVONPD.COM

HOUSE WATCH

*This form must be submitted at least **3 business days** prior to the dates requested.*
** Indicate required fields*

Person Requesting

First Name*:	Last Name*:
Address*:	
Home Phone*:	Away Phone*:
Email:	

Location (If Different from Above)

Dates

Departure*:	Return*:

Please notify Department if dates change and upon your return.

Reason

Local Emergency Contact

First Name*:	Last Name*:
Address*:	
Phone*:	Do they have a key? Yes ☐ No ☐

Persons Authorized on Property (Family, Lawn / Pet Care, Etc.)

Name:	Reason:
Name:	Reason:
Name:	Reason:

Vehicles Left on Property

			Vehicle(s) parked in:
Make/Model:	Color:	Plate:	Driveway: ☐
Make/Model:	Color:	Plate:	Garage: ☐
Make/Model:	Color:	Plate:	

Additional Information

Alarm System? Yes ☐ No ☐	Name/Number:
Broken Windows/Doors? Yes ☐ No ☐	Location:
Lights Left On/Timers? Yes ☐ No ☐	Location:
Pets Left in Residence/Yard? Yes ☐ No ☐	Number/Type:
Paper/Mail Stopped? Yes ☐ No ☐	

Other Information

Submit