## **Gillespie County Sheriff's Office**

## Residence/Vacation Watch Request Form

me			Date Requested:			
Address			l			
ity		State		Zip Code		
Cross Street or Landmark				<u> </u>		
Home Phone	Ce	Cell Phone				
e-mail Address	<u> </u>					
Date Leaving:	Dat	Date Returning:				
Any Lights Left On?		Any light on timers?				
□ Yes □ No	□Y	□ Yes □ No				
If so, Where?						
Any Vehicles Left on the Property?	Но	How Many?				
□ Yes □ No						
Please List Make, Model, Year and Color of al	I Vehicles Left on	Property:				
(1)						
(2)						
(3)						
Is the House/Property Alarmed?	If Y	If Yes, Silent or Audible?				
□ Yes □ No						
Please List the Name(s) and Phone # of Anyon	ne who has Keys	to the Property:				
(1)						
(2)						
(3)						
Can you be reached?	If so	If so, where:				
□ Yes □ No						
Emergency Contact Name:			Phone #:			
Will Animals be left on the Property?	Hov	w Many? What I	Kind?			
□ Yes □ No						
Any Locked Gates	Acc	Access Code				
□ Yes □ No						
Special Instructions:						