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

## Residence/Vacation Watch Request Form

lame			Date Requested:	
Address				
ity		State	Zip Code	
Cross Street or Landmark			L	
Home Phone	Се	Cell Phone		
e-mail Address				
Date Leaving:	Dat	Date Returning:		
Any Lights Left On?	Any	Any light on timers?		
□ Yes □ No		□ 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	l Vehicles Left on	Property:		
(1) (2)				
(3)				
Is the House/Property Alarmed?	∏f ∨	es, Silent or Audi	hle?	
□ Yes □ No	" '	, 55, 5 5. / 1 1 1		
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:		P	hone #:	
Will Animals be left on the Property?	Hov	w Many? What Ki	nd?	
□ Yes □ No				
Any Locked Gates  □ Yes □ No	Acc	cess Code		
Special Instructions:				
Special mondations.				