KYLE POLICE DEPARTMENT
VACATION WATCH REQUEST

(Location will be checked for a period of no longer than 10 days for each request)

Date of Request: _____

Name: _____

Address: _____

Telephone number(s) where you can be contacted while away: _____

Emergency contact: _____

Date/Time Leaving: _____

Date/Time Returning: _____

Car(s) in Driveway ☐ YES ☐ NO

If YES, state Year, Make, Model, Color: _____

Pet(s) in house/yard? ☐ YES ☐ NO

If YES, give description: _____

Light(s) left on or on timer? ☐ YES ☐ NO

If YES, give location: _____

Does anyone else have key(s) to house? ☐ YES ☐ NO

If YES, give contact information: _____

Do you have an alarm system? ☐ YES ☐ NO

If YES, give contact information: _____