Fillmore County Sheriff's Office
Request for Security/House Watch

Person Requesting: _____Date: _____

Phone: _____ Email: _____

Address of Property: _____

Description of Property: _____

City: _____Township_____ Section____

Dates of Request: _____ to _____

Reason for Request: ( ) Vacant ( ) Vacation ( ) Other _____

Alarm ( ) Yes ( ) No Alarm Company: _____

Key Holder ( ) Yes ( ) No Name: _____

Address: _____ Phone: _____

Emergency Contact: _____Phone:_____

Other Persons with Access

#1_____ Phone:_____

#2_____Phone: _____

Vehicle(s) at residence: _____ _____

Lights on ( ) Yes ( ) No **Timers** ( ) Yes ( ) No

Notes: _____

_____

_____

Owner/Caretaker advised to call when request completed: ( )Yes ( ) No