

HILLSBORO POLICE DEPARTMENT

SECURITY WATCH REQUEST

REQUESTOR:

PHONE:

DATE REQUEST SUBMITTED:

PREMISE OWNER:

ADDRESS TO BE WATCHED :

DATE/ TIME START WATCH:

DATE / TIME END WATCH:

TYPE PREMISES: BUSINESS [] RESIDENCE [] OTHER [] _____

WHO CAN BE CONTACTED IN CASE OF EMERGENCY (PHONE, ADDRESS, ETC) (DO THEY HAVE KEYS AND/OR PASSCODES):

ANY LIGHTS LEFT ON (INCLUDING AUTOMATIC LIGHTS)? (IF SO, PLEASE DESCRIBE)

ALARM SYSTEM? ___ YES ___ NO

ANY VEHICLES LEFT AT THE PREMISES? (DESCRIBE MAKE, MODEL, COLOR AND LICENSE PLATE NUMBER):

SPECIAL INSTRUCTIONS OR OTHER PERTINENT INFORMATION:

PERSONNEL TAKING THIS REQUEST: