BULL SHOALS POLICE DEPARTMENT
VACATION WATCH FORM

1. Street address _____

2. Dates property will be vacant: From _____

3. Owner name/address/telephone number _____

_____

4. If you cannot be reached at the above address/phone number, please furnish the name, address and phone number of someone who will always know how to reach you.

_____

5. Is there someone locally who is responsible for this property? If yes, give name, address and phone number.

_____

6. Does the responsible party have a key to the property? _____

7. Is there anyone who is authorized to be on this property (i.e. construction, lawn maintenance, etc.)? If yes, give name, address, phone number and reason they will be on the property.

_____

_____

8. Are there any lights on inside the property? If yes, where? _____

9. Is this property secure? _____

10. Do you want us to arrest anyone trespassing on this property? _____

11. Will you prosecute trespassers? _____

OWNER:

_____ _____

Signature Date

OFFICER	DATE	TIME	NOTES