

# Gillespie County Sheriff's Office

## Residence/Vacation Watch Request Form

|                                                                                                   |                                                                                  |                 |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------|
| Name                                                                                              |                                                                                  | Date Requested: |
| Address                                                                                           |                                                                                  |                 |
| City                                                                                              | State                                                                            | Zip Code        |
| Cross Street or Landmark                                                                          |                                                                                  |                 |
| Home Phone                                                                                        | Cell Phone                                                                       |                 |
| e-mail Address                                                                                    |                                                                                  |                 |
| Date Leaving:                                                                                     | Date Returning:                                                                  |                 |
| Any Lights Left On?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                   | Any light on timers?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| If so, Where?                                                                                     |                                                                                  |                 |
| Any Vehicles Left on the Property?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    | How Many?                                                                        |                 |
| Please List Make, Model, Year and Color of all Vehicles Left on Property:                         |                                                                                  |                 |
| (1)                                                                                               |                                                                                  |                 |
| (2)                                                                                               |                                                                                  |                 |
| (3)                                                                                               |                                                                                  |                 |
| Is the House/Property Alarmed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | If Yes, Silent or Audible?                                                       |                 |
| Please List the Name(s) and Phone # of Anyone who has Keys to the Property:                       |                                                                                  |                 |
| (1)                                                                                               |                                                                                  |                 |
| (2)                                                                                               |                                                                                  |                 |
| (3)                                                                                               |                                                                                  |                 |
| Can you be reached?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                   | If so, where:                                                                    |                 |
| Emergency Contact Name:                                                                           | Phone #:                                                                         |                 |
| Will Animals be left on the Property?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | How Many? What Kind?                                                             |                 |
| Any Locked Gates<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      | Access Code                                                                      |                 |
| Special Instructions:                                                                             |                                                                                  |                 |
|                                                                                                   |                                                                                  |                 |

FAX this form to Lt. Brian Pehl at 830-997-9541