Belle Plaine
A CITY THAT WORKS

Police Department

VACATION HOUSE WATCH REQUEST

Name: _____
(Last) (First) (MI)

Address: _____ Phone: _____

House Description: _____

Departure Date: _____ Return Date: _____

Keys left with anyone? _____ Yes _____ No _____

If yes, Name: _____ Phone: _____

Lights left on inside residence? Yes _____ No _____

If yes, where? _____

Vehicles left on premises: Yes _____ No _____

If yes, describe: _____
(Make) (Model) (Color)

Who to notify in case of emergency: _____

Phone: _____

Special Instructions/Comments: _____

I request that the Belle Plaine Police Department complete house watches on my premises while I am away, as described above.

_____
(Signature) (Date)

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Belle Plaine, MN 56011

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