

**HOUSE WATCH REQUEST**

Please fill in all pertinent information in the spaces below. If any of the questions do not apply, write N/A.

**For Office Use Only**  
**HW #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date & Time Leaving** \_\_\_\_\_

**Date & Time Returning** \_\_\_\_\_

**Lights (please specify location and if on timers)** \_\_\_\_\_

**Vehicles (please specify location and type of vehicle)** \_\_\_\_\_

\_\_\_\_\_  
**Person(s) who have keys** \_\_\_\_\_

\_\_\_\_\_  
**Emergency Contact name (other than self)** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_

**Animals** \_\_\_\_\_

**Has paper/mail been stopped? Yes/No**

**Person authorized to enter residence** \_\_\_\_\_

\_\_\_\_\_  
**Please bring or mail information to the Raymore Police Department, 100 Municipal Circle, Raymore Mo. 64083. Please call (816)331-0530 when you return home or if you will be away longer than the date provided.**

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