



DILWORTH POLICE DEPARTMENT HOUSEWATCH INFORMATION CHECKLIST

NAME: _____

ADDRESS: _____

PHONE: _____

LEAVE DATE: _____ **RETURN DATE:** _____

WINTER/VACATION RESIDENCE (If applicable)

Address: _____

City: _____ **State:** _____

Phone: _____

KEYHOLDER INFORMATION (If applicable)

Name: _____

Phone: _____

Will key holder be staying at the residence? **YES** **NO**

Will anyone else be at the residence? **YES** **NO**

Name & Phone (if applicable): _____

See back of form for further information.....

MISC INFO: (Check items which apply and provide additional info if needed)

- Automatic Lights**
- Security System**
- Mail/Paper stopped**
- Vehicle in driveway**
- Yard/Snow Removal**

Timer: _____

Company: _____

Vehicle description: _____

Please return form to:

Dilworth City Hall
2 First Avenue S.E.
PO Box 187
Dilworth, MN 56529
Phone: 218-287-2313
Fax: 218-287-2309