



Williamson County Sheriff's Office House Watch Form



Date Received: ____/____/____ Time Received: ____:____ AM / PM

Name: _____ Address: _____

Telephone: (____) ____-____ _____

Cell: (____) ____-____

Date Leaving: ____/____/____ Time: ____:____ AM / PM

Date Returning: ____/____/____ Time: ____:____ AM/PM

Person Watching House / Telephone Number: _____

Facts About the Residence:

Leaving lights on: YES / NO Using electric timers: YES / NO

Leaving Pets: YES / /NO Leaving Radio or TV on: YES / NO

Will there be a vehicle parked at residence: YES / NO

Vehicle 1 Make: _____ Model: _____ Color: _____

Vehicle 2 Make: _____ Model: _____ Color: _____

Will there be anyone who can be expected around the residences: YES / NO

Name / Reason: _____

Williamson County Sheriff's Office
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