



# BENNIE VICK

SHERIFF OF WILLIAMSON COUNTY



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## HOUSE WATCH FORM

**Date Received:** \_\_\_\_\_ **Time Received:** \_\_\_\_\_

**Date Leaving:** \_\_\_\_\_ **Time Leaving:** \_\_\_\_\_

**Date Leaving:** \_\_\_\_\_ **Time Leaving:** \_\_\_\_\_

### HOME OWNER:

**Name:** \_\_\_\_\_

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

*(Address)*

*(City, State, Zip)*

**Home:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### KEY HOLDER:

**Name:** \_\_\_\_\_

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

*(Address)*

*(City, State, Zip)*

**Home:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Will there be anyone who can be expected at the residence?**

*(If so please give name, date/time, and reason)*

**FACTS ABOUT THE RESIDENCE:**

**Lights Left On:**

**First Floor:**

Front Room  Kitchen  Bathroom  Bedroom

**Second Floor:**

Bedroom  Bedroom  Bathroom  Other: \_\_\_\_\_

**Outdoor:**

Front Porch  Back Porch  Garage  Other: \_\_\_\_\_

Using electric timers:  Yes  No Leaving Radio/TV on:  Yes  No

Paper / Mail Stop:  Yes  No

**Vehicles Left at Residence:**

Will there be vehicles left at residence:  Yes  No

**Vehicle 1:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

**Vehicle 2:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

**Vehicle 3:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

**Please write below any other information you may think we need to know:**