

**Clifford Township Police Department  
P.O. Box 272  
Clifford, PA 18413  
(570) 222-9444**

**HOUSE WATCH REQUEST FORM**

Date:			
<b>Owner / Property Information</b>			
Name			
Address			
Home Phone		Cell Phone	
		Reachable? O Yes O No	
Departure Date	O AM O PM	Return Date	O AM O PM
Destination		Phone (if known)	
<b>Emergency Contact Information</b>			
Name / Keyholder		Address	
O Yes O No			
O Yes O No			
<b>Lighting Information</b>			
1st Floor Lights	Where?	2nd Floor Light	Where?
O Yes O No		O Yes O No	
Front Porch Lights	Back Porch Lights	Other Lights	Where?
O Yes O No	O Yes O No	O Yes O No	
Are lights on a timer?	Timer On	Timer Off	
O Yes O No	O AM O PM	O AM O PM	
<b>Alarm Information</b>			
Alarm on House?	Type:	Alarm Company:	Phone:
O Yes O No	O Burglar O Panic O Fire		
Newspapers / Mail Information		Papers Stopped? O Yes O No	Mail Stopped? O Yes O No
<b>Authorized Vehicles on Site</b>			
Make	Model	Color	Year
<b>Miscellaneous Information</b>			
Will anyone be checking / working on the property? Is there any other information we should know? Broken windows? Dogs on property? Attach a separate sheet if necessary.			

I hereby authorize the Clifford Township Police Department to enter my property and visually inspect the house exterior and take any action it deems necessary for the protection of my property during my absence. I understand and agree that this is a voluntary, free service and does not create a special duty upon the Township and will be provided depending upon weather and manpower. Further, I understand that no guarantee is made nor assurance given against loss, theft or damage to the property. The undersigned agrees to hold harmless the Township, its employees and agents for any and all claims for personal injury, loss or damage to the property that may be suffered through any action or lack thereof by a representative of the Clifford Township Police Department.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date