

**CHURCHILL COUNTY SHERIFF'S OFFICE**  
**REPORT SUPPLEMENT**

**RESIDENCE – WATCH REQUEST**

**This form must be completed in its entirety. For the safety of our officers and yourself, we request you notify us immediately – day or night – when you have returned to your unoccupied address.**

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

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

Phone Numbers: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date (*maximum 90 days*): \_\_\_\_\_

This address is a residence only \_\_\_\_\_ or a business and residence \_\_\_\_\_

Do you have an alarm? Yes [ ] No [ ]      **Will address be occupied? Yes [ ] No [ ]**

Alarm Company – Name and phone number: \_\_\_\_\_

Will lights be left on? If so, location and times: \_\_\_\_\_

Keys to residence have been left with – Name: \_\_\_\_\_

Address and phone number: \_\_\_\_\_

Will anyone be collecting mail? Yes [ ] No [ ]

Will anyone be conducting any other business at residence? Yes [ ] No [ ]

If so, what business will be conducted during your leave: \_\_\_\_\_

Will anyone have access to the residence? Yes [ ] No [ ]

If so, name person(s) and give contact information: \_\_\_\_\_

Please describe the route of your trip and destination: \_\_\_\_\_

In case of emergency do you wish to be contacted? Yes [ ] No [ ]

If yes, please give phone number(s) and other means of contact: \_\_\_\_\_

Description of vehicles and plate numbers having permission to be at the residence – Make / Model / Color

I request security checks of my residence / premises **and I agree to notify Churchill County Sheriff's Office immediately upon my return.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reporting Deputy's Name and Badge # \_\_\_\_\_