



City of Box Elder

Home/Business Watch Request

Business/ Home Owner Name _____

Address _____ City _____ State _____ Zip _____

Absence Dates ____/____/____ TO ____/____/____

How can we reach you while you are away:

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone (____) _____

Leaving any vehicles parked in the open while you are away? [] No [] Yes, Qty. _____

Make _____ Model _____ Year _____ Color _____

Make _____ Model _____ Year _____ Color _____

Make _____ Model _____ Year _____ Color _____

Make _____ Model _____ Year _____ Color _____

List any additional vehicles on the back of this form.

The following persons have been designated to watch over your business/home:

Name(s) _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone (____) _____

Does this person(s) have authorization to the following:

A key to your business/home? [] Yes [] No Permissions to access your USPS and other Mail? [] Yes [] No

Provide care for any pets left in the business/home? [] Yes [] No- Who does have permissions to care for residing pets?

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____

In signing this document, I understand this is a request for extra patrol of my neighborhood when if available during the time frame I have indicated above and I acknowledge this is a civil request and in no way designates the City of Box Elder or the Box Elder Police Department liable for any damages or incidents that may occur during the time frame stated above as result or in consequence of said requestors absence.

Print _____

Sign _____

Date _____