



**SEDONA POLICE DEPARTMENT  
VACATION HOUSE WATCH**

VACATION HOUSE WATCH IS LIMITED TO **30 DAYS WITHIN A SIX MONTH PERIOD.**

**NOTE: MUST BE PRIMARY RESIDENCE!**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_ Call ID # \_\_\_\_\_

First date to watch: \_\_\_\_\_ Last date to watch: \_\_\_\_\_

Owner or Renter's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Is the home numbered? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where is the number located? \_\_\_\_\_

If no, give house description and directions \_\_\_\_\_

Will any lights be left on? \_\_\_\_\_ Yes \_\_\_\_\_ No

On timer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will any vehicles be left outside at residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, vehicle description \_\_\_\_\_

Will anyone in town have a key? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

If no, please provide a contact name and telephone number.  
\_\_\_\_\_

Will any animals be left at the residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify: \_\_\_\_\_

Is there an alarm? \_\_\_\_\_ Yes \_\_\_\_\_ No

Alarm company name/phone number: \_\_\_\_\_

Is the home gated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the code for your entry gate? \_\_\_\_\_

Is this home used as your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If No explain reason for request \_\_\_\_\_

**Please call the police department when you return.**

Comments/Anyone expected on-site during absence \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

