

BAXTER POLICE DEPARTMENT

RESIDENCE OR BUSINESS WATCH

NAME OF PROPERTY OWNER _____

PHONE (Home) _____ (Cell) _____

ADDRESS OF PROPERTY TO BE WATCHED _____

DATES PROPERTY VACANT (From) _____ (To) _____

PROPERTY OWNER WILL BE AT _____

EMERGENCY CONTACT (Name) _____

(Phone) _____ (Address) _____

CHECK ITEMS THAT APPLY:

_____ LIGHT ON AT NIGHT

_____ MAIL AND PAPER STOPPED

_____ NEIGHBORS ALERTED

_____ WALK/DRIVE SHOVELED

I, _____ understand the Baxter Police Department cannot keep my residence, business or other property, real or personal, under constant surveillance 24 hours a day.

I therefore absolve the Baxter Police Department of any responsibility or liability should my residence, business, or any other property be entered and a loss of, or damage to property occurs.

SIGNATURE _____ DATE _____

Signature

*****PLEASE CALL OUR OFFICE UPON YOUR RETURN*****