

COMMUNITY WATCH FORM

LPDRECORDS@LPDOH.COM



Resident Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phones (____) _____ H (____) _____ C E-mail Address: _____

Lighting

Timers	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____	Bedrooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____
Front	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____	Kitchen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____
Back	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____	Bathroom	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____
Side	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____	Living Room	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____
1 st Floor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____	Basement	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____
2 nd Floor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____	Dining Room	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____

Services

Newspaper Stopped?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Mail Delivery Stopped?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Animals in Residence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Alarm System Activated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Begin Patrols: _____
Start Date Start Time End Date

Approved Vehicles on Location

Vehicle Make: _____ Vehicle Model: _____ Vehicle Color: _____

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Contacts

Please list at least one emergency contact that has access or a key to your location should an emergency arise.

Full Name: _____ Phone: _____ Key Holder: YES NO
 Address: _____

Full Name: _____ Phone: _____ Key Holder: YES NO
 Address: _____

Additional Notes or Information