

## SOUTH CONGAREE HOUSE WATCH PROGRAM APPLICATION

OWNER/RESIDENT NAME:
ADDRESS:
EMAIL:
PHONE:
DATES TO BE PATROLLED: FROM: TO:
DIRECTIONS/NOTES:
REASON FOR EXTRA PATROL: O Premises will be vacant O Owner on Vacation O Other:
Please explain:
TYPE OF PREMISES: O Business O Residential O Special:
PROTECTED BY ALARM?: O YES O NO
If yes, what type? (phone in, etc):
LIGHTS ON?: O YES O NO AUTOMATIC TIMERS?: O YES O NO If yes for either: O Front O Back
PERSON WHO WILL HAVE ACCESS TO THE PREMISES: (OR EMERGENCY CONTACT)
NAME:
ADDRESS:
PHONE – HOME: ( ) WORK: ( )
DO THEY HAVE KEYS FOR THE PREMISES OR CODES FOR THE ALARM? • YES • NO
IF YES, O KEYS OR O CODE

## **DESCRIPTION OF VEHICLES PARKED ON PREMISES:**

MAKE	MODEL	COLOR