

CONROE POLICE DEPARTMENT
OPERATION HOMEWATCH
(936)522-3200

Instructions

Form must be filled out completely by homeowner.

Form must be delivered to the Conroe Police Department by the homeowner or person in charge of the property.

Request for a home watch must be limited to a three-week period, with no more than three non-consecutive three-week periods in the same calendar year.

The residence must be regularly occupied. We will not check vacant houses that have been left by the home owner for extended periods of time or houses that are for sale that have been vacated by the home owner.

Tips to Homeowners

Arrange to have any deliveries (mail, newspaper, parcels, etc.) picked up by a friend or neighbor, or have the packages held by the provider.

Arrange to have the lawn cared for.

Arrange for pets left at home to be cared for.

Alert your neighbors that you are going to be away.

Give a key to a friend or neighbor in case of an emergency (list them as the emergency contact).

Leave interior and exterior lights on (list on front of this form).

Close blinds and curtains.

Be sure all windows and door are secured, including garage and storage rooms.

Services Provided by the Conroe Police Department

We will attempt to check your residence three times a day, time permitting. There may be times that our workload is such that officers on a particular shift might not check your residence. We will walk around the residence checking all door and windows.

If we find an open door or window, we will check inside your residence for any unauthorized persons. We will then contact you or the contact person listed as an emergency contact.

If someone is found to be on your property that you did not list on the Home watch form, then we will contact you or the emergency contact person to determine if the person has permission to be there.

Dist: _____

HW# _____

Conroe Police Department
Operation Home watch
936 / 522-3200

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Phone number where you can be reached while gone: _____

Address where you will be staying: _____

Date leaving: _____ Date returning: _____

(not to exceed 3 weeks)

Vehicles left on location: _____ Yes _____ No

Description/Location of vehicles: _____

Activated alarm: _____ Yes _____ No

Alarm Company: _____ Phone: _____

Emergency Contacts / Persons authorized to be on location:

Name	Address	Phone

Animals / Locations: _____

Interior/Exterior Lights on / Locations: _____

Police Dept. Use Only

Received by: _____ Date: _____ Time: _____