GILBERTOWN POLICE DEPARTMENT

VACATION WATCH REQUEST FORM

Use this form to request vacation-watch attention for a residence within the Gilbertown Police Department service area. Submit the completed form before leaving town whenever possible.

Submission instructions: Submit in person to the Chief of Police or a designated official; leave with the Town Clerk for delivery to the Chief; mail to Gilbertown Police Department, Attn: Chief of Police, 40 Front Street, Gilbertown, Alabama 36908; or email gilbertownchief@outlook.com.

Assistance: If you are unable to complete this form because of a disability, literacy, language barrier, or other limitation, department staff will provide assistance upon request.

RESIDENT INFORMATION

Full Name: _____

Address to be checked: _____

Email address: _____ Telephone #: _____

VACATION AND RETURN INFORMATION

Date leaving: _____ Departure time: ____:____ am / pm

Expected Date Returning: _____ Expected Return Time: ____:____ am / pm

Will anyone be staying at the residence while you are away? YES NO

If yes, list names and contact information: _____

_____

_____

EMERGENCY AND PROPERTY INFORMATION

Emergency contact name: _____ **Emergency phone:** _____

Vehicle(s) expected at the residence:

Person(s) authorized to be at the residence:

Alarm company, property manager, or other relevant information, if applicable:

Access code(s) or key location, if applicable (e.g., garage code, lockbox code, hidden key location):

> *Note: Any access codes or key information you provide will be used solely to carry out this vacation-watch request, stored securely, and destroyed once the request is closed.*

Additional information helpful to responding officers:_____

_____

_____

_____

_____

RESIDENT ACKNOWLEDGMENT

I understand that this request asks the department to provide vacation-watch attention when personnel and calls for service permit; vacation-watch attention does not provide continuous surveillance and does not guarantee protection from criminal activity; I remain responsible for securing the residence; I will notify the department when I return so this request can be closed; and I will call 911 for an emergency or crime in progress:

Resident signature / Date: _____

FOR DEPARTMENT USE ONLY

Request received: _____ **Received by:** _____

Assigned by Chief of Police or designated official to: _____

Watch start date/time: _____ **Watch end date/time:** _____

Return confirmation received: _____ **Closed by / Date closed:** _____

Notes:_____

_____

_____

_____

_____

_____