



CLEVELAND POLICE DEPARTMENT VACATION WATCH LOG / EXTRA PATROL WATCH ORDER



HOMEOWNER/BUSINESS: _____ DATE: _____

ADDRESS : _____

PHONE: _____

DESCRIPTION / DIRECTIONS: _____

_____ Zone: _____

SPECIAL INSTRUCTIONS IN CASE OF FIRE OR THEFT: _____

DEPARTURE DATE: _____ RETURN DATE: _____

EXTRA PATROL REQUEST DATES: _____

REASON FOR WATCH ORDER: _____

EMERGENCY NOTIFICATION OF HOME OWNER/BUSINESS (ADDRESS, CITY, STATE, PHONE):

DOES ANYONE HAVE KEYS TO HOME OR BUSINESS: YES NO

WILL ANYONE BE AT THE HOME OR BUSINESS: YES NO

IF SO NAME AND ADDRESS: _____

SPECIAL INSTRUCTIONS: _____

Vehicles Parked at Location:

Make _____ Model _____ Color _____ Year _____

Make _____ Model _____ Color _____ Year _____

Additional Information - List location of lights left on, locks/chains on gates, dog, alarms.

OFFICER/DISPATCHER _____ DATE _____ TIME _____

HOMEOWNER/ BUSINESS SIGNATURE _____