

**HAMPTON POLICE DEPARTMENT**  
17 2nd Street NW - Hampton, IA 50441

(641) 456-2529

**VACATION WATCH**

**Date to Begin Watch:** \_\_\_\_\_ **Date to End Watch:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone # on Site:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Person(s) Holding Key:** \_\_\_\_\_

**Phone #(s):** \_\_\_\_\_

**Premises Cared for by:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Others Watching Premises:** \_\_\_\_\_

**Animals on Premises? Yes / No (If Yes, describe)** \_\_\_\_\_

**Will light be on inside? Yes / No**

If Yes, what Area(s) of building? \_\_\_\_\_ Constant or Automatic  
\_\_\_\_\_ Constant or Automatic

*[Information provided is CONFIDENTIAL for Law Enforcement use only.]*

COMPLETED FORMS SHOULD BE DROPPED OFF OR MAILED TO THE **HAMPTON POLICE DEPARTMENT**.