



# SCHODACK POLICE DEPARTMENT

*"Service with Pride and Professionalism"*

## House Watch and Extra Patrol Request

(Please Type or Print Legibly)

Ralph W. Southworth Jr.  
Assistant Chief of Police

The Schodack Police Department requests this information to assist us in contacting you in the event of an emergency at your place of residence. The Schodack Police Department will keep the information you provide confidential and will not provide it to any other entity. It will be used only for the express purpose of contacting the individual(s) you name on this form in the event of an emergency or crime discovered at your residence when you are not present.

Date of Request: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Date Leaving: \_\_\_\_\_

Date Returning: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Please list any additional information that would assist the Schodack Police Department (i.e. vehicles normally found on the property- license plate, description, are there weapons on the premises etc.)

Do you have an alarm system?  YES  NO Alarm Company Name: \_\_\_\_\_

Do you have a video surveillance system?  YES  NO Please provide the name(s) and phone number(s) of the person(s) who can operate this system below:

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion, please submit this form in person to the Schodack Police Department (M-F 8am-4pm) or scan and email it to [propertywatch@schodackpolice.com](mailto:propertywatch@schodackpolice.com)**