



Arlington Police Department

Glenn Gerads, Chief of Police

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RESIDENCE WATCH REQUEST

Date Received by PD: _____

Departure Date: _____ Return Date: _____

Property Address: _____

Property Owners: _____

Cell #1 _____ Cell #2 _____

Lights Left On: Yes No Timers

Rooms: _____

Radio/TV Left On: Yes No Timers

Rooms: _____

Alarm Company: _____ Phone #: _____

Alarm Activated: Yes No

Vehicle(s) Left on Property/in Garage (Make/Model, Color, Plate #): _____

Emergency Contact Info:

Keyholder #1: _____ Phone #: _____

Vehicle Info: _____
(i.e.: Make/Model, Color, Plate #)

Keyholder #2: _____ Phone #: _____

Vehicle Info: _____
(i.e.: Make/Model, Color, Plate #)

Other Info (i.e. people coming/going from property while your away: family/neighbor or cleaning service, etc.): _____

