



205 North Street, PO Box 720, Bovina TX, 79009 - Phone 806.251.1133 - Fax 806.251.1805
FROM THE OFFICE OF THE CHIEF OF POLICE

BOVINA POLICE DEPARTMENT
HOUSE WATCH PROGRAM ** REQUEST FOR VACATION CHECK
(This request expires after 14 days from date of issuance)

NAME: _____ PHONE: _____

ADDRESS: _____

DEPARTURE DATE: _____ RETURN DATE: _____

TYPE OF PREMISES: Residence Business Other _____

ARE KEYS BEING LEFT WITH ANYONE? YES NO

IF YES, NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?
 YES NO

NAME #1: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

NAME #2: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

IN CASE OF AN EMERGENCY DO YOU WISH TO BE NOTIFIED? YES NO

IF YES, PLEASE CONTACT:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

UPON MY RETURN, I DO AGREE TO NOTIFY THE POLICE DEPARTMENT AT 806-251-1133

SIGNATURE: _____ DATE: _____