



PROPERTY WATCH REQUEST FORM
Little Falls Police Department

Date: _____

Name: _____

Address: _____

Home Phone#: _____

Cell Phone#: _____

Date of Departure: _____

Date of Return: _____

Lights on timer? No _____

Yes _____

Alarm? No _____

Yes _____

#1 Contact Name: _____

Phone _____

#2 Contact Name: _____

Phone _____

Notes _____
