

**Pawee Police Department**  
**801 5<sup>th</sup> Street**  
**Pawnee IL 62558**  
**217-625-2341 (Non-Emergency)**

**Extra Patrol / Vacation Watch Request Form**

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|--------------------------------|-----|-----------------------|--------------------|--------------------------|-----|--------------------------------------|--------------------|--------------------------|-----|------------------------|--------------------|--------------------------|--|------------------|-----|---------------|--|---------------|-----|---------------|--|--------------------------|-----|------------------------|-----|
| <b>Person Making Request</b>            | Date of request: _____<br>Name: _____ Email Address: _____<br>Address: _____ Phone Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| <b>Location</b>                         | <input type="checkbox"/> Check box if property owner is making request<br>Address: _____<br>Reason for request: _____<br>_____<br>Start Date/Time: _____ End Date/Time: _____<br><p style="text-align: center;"><b>*30 day maximum</b></p> <table style="width: 100%;"> <tr> <td>Security System at property?</td> <td>Y N</td> <td>Will security system be armed?</td> <td>Y N</td> </tr> <tr> <td>Vehicles in driveway?</td> <td>Y N</td> <td>Gates locked?</td> <td>Y N</td> </tr> <tr> <td>Mail stopped</td> <td>Y N</td> <td>Newspaper Stopped?</td> <td>Y N</td> </tr> <tr> <td>Pets left at property?</td> <td>Y N</td> <td></td> <td></td> </tr> <tr> <td>Lights on timer?</td> <td>Y N</td> <td>Explain _____</td> <td></td> </tr> <tr> <td>T.V. left on?</td> <td>Y N</td> <td>Explain _____</td> <td></td> </tr> <tr> <td>Officer to check windows</td> <td>Y N</td> <td>Officer to check doors</td> <td>Y N</td> </tr> </table> Check request times: <input type="checkbox"/> 7am-7pm <input type="checkbox"/> 7pm-7am <input type="checkbox"/> other time: _____ | Security System at property?       | Y N                | Will security system be armed? | Y N | Vehicles in driveway? | Y N                | Gates locked?            | Y N | Mail stopped                         | Y N                | Newspaper Stopped?       | Y N | Pets left at property? | Y N                |                          |  | Lights on timer? | Y N | Explain _____ |  | T.V. left on? | Y N | Explain _____ |  | Officer to check windows | Y N | Officer to check doors | Y N |
| Security System at property?            | Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Will security system be armed?     | Y N                |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Vehicles in driveway?                   | Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gates locked?                      | Y N                |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Mail stopped                            | Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Newspaper Stopped?                 | Y N                |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Pets left at property?                  | Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Lights on timer?                        | Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Explain _____                      |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| T.V. left on?                           | Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Explain _____                      |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Officer to check windows                | Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Officer to check doors             | Y N                |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| <b>Person(s) Authorized On Property</b> | <table style="width: 100%;"> <tr> <td>Key holder information: Name _____</td> <td>Phone number _____</td> </tr> <tr> <td>Vehicle make/model _____</td> <td></td> </tr> <tr> <td>Name _____</td> <td>Phone number _____</td> </tr> <tr> <td>Vehicle make/model _____</td> <td></td> </tr> <tr> <td>House sitter information: Name _____</td> <td>Phone number _____</td> </tr> <tr> <td>Vehicle make/model _____</td> <td></td> </tr> <tr> <td>Name _____</td> <td>Phone number _____</td> </tr> <tr> <td>Vehicle make/model _____</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Key holder information: Name _____ | Phone number _____ | Vehicle make/model _____       |     | Name _____            | Phone number _____ | Vehicle make/model _____ |     | House sitter information: Name _____ | Phone number _____ | Vehicle make/model _____ |     | Name _____             | Phone number _____ | Vehicle make/model _____ |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Key holder information: Name _____      | Phone number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Vehicle make/model _____                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Name _____                              | Phone number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Vehicle make/model _____                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| House sitter information: Name _____    | Phone number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Vehicle make/model _____                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Name _____                              | Phone number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |
| Vehicle make/model _____                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                    |                                |     |                       |                    |                          |     |                                      |                    |                          |     |                        |                    |                          |  |                  |     |               |  |               |     |               |  |                          |     |                        |     |

If property is found to be unsecure, Pawnee Police Department will take appropriate action which may result in having a property owner/authorized person respond to the property. Submitting this request does not remove your responsibility as the home/property owner from making every attempt to protect your property while you are away (securing doors, windows, lights on timers, stopping mail, etc.)

Pawnee Police Department will make every effort to check your property, but only as priority calls or call volume allows.

Owner making request: \_\_\_\_\_

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

Pawnee Police Officer: \_\_\_\_\_

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