



CROW WING COUNTY SHERIFF'S OFFICE RESIDENCE OR BUSINESS WATCH

PROPERTY OWNER INFORMATION:

FULL NAME: _____ DOB: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____

PROPERTY VACANT FROM: _____ UNTIL: _____

REASON FOR VACANCY: _____

PROPERTY OWNER WILL BE AT
(ADDRESS): _____

TELEPHONE: _____

EMERGENCY CONTACT INFORMATION (Please provide two):

FULL NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____

FULL NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____

CHECK APPLICABLE BLANKS BELOW:

LIGHT ON AT NIGHT: YES NO PAPER/MAIL STOPPED: YES NO

NEIGHBORS ALERTED: YES NO WALK & DRIVE SHOVELED: YES NO

I, _____ understand, that the Crow Wing County Sheriff's Office
[PROPERTY OWNER'S SIGNATURE]

cannot keep my residence/business or other property real or personal, under constant surveillance twenty-four (24) hours a day. I therefore, absolve the Crow Wing County Sheriff's Office of any responsibility or any liability should my residence/business, or any other property be entered and a loss of or damage occur.

OWNER'S SIGNATURE

DATE SIGNED

*****PLEASE CALL OUR OFFICE UPON YOUR RETURN TO THE ABOVE-MENTIONED PROPERTY*****

DATE OF RETURN CALL

TIME