City of Sylvan Lake – House Watch Form

Address _____ Date Leaving _____ Date Return _____

Name _____ Phone Number _____

Lights _____ Timers _____ Locations _____

Emergency Number _____ Contact Person _____

Vehicle Information _____ Locations _____

Additional Remarks _____

Person with Key _____

Time	Date	Initial	Time	Date	Initial	Time	Date	Initial	Time	Date	Initial