

HAMLET POLICE DEPARTMENT

10 South Starke Street, P.O. Box 2 Hamlet, IN 46532 Ph. (574) 867-2623 Fax (575) 867-1058

CHIEF
FRANK LONIGRO III

CHIEF DEPUTY
KYLE HINDS

HOUSE WATCH APPLICATION

Name: _____

Address: _____

Primary Phone #: _____ - _____ - _____ Secondary #: _____ - _____ - _____

Emergency Contact: _____ Phone#: _____ - _____ - _____

Date you wish house checks to occur:

Start: ____/____/____ End: ____/____/____

Name of Person(s) allowed on the property:

Make/Model/Color of vehicle(s) that might be coming or going:

By signing this form I recognize that the Hamlet Police Department of Hamlet, IN. will do random checks of my home to verify that the property is secure, along with providing extra patrol. However the Hamlet Police Department and/or the Town of Hamlet will **NOT** be responsible for anything that occurs on the property in your absence. This service is simply providing extra patrol and checks while no one is around the home for a period of time. Information on this form will be kept confidential within the Hamlet Police Department.

Sign: _____

Print: _____ Date: ____/____/____

Recognizing Officer: _____

Badge # _____ Date: ____/____/____