

**The Town of Fairview Department of Public Safety
Special Watch Program Request Form**

DATE(S): _____

BEGIN: _____ END: _____

TIME(S): _____

BEGIN: _____ END: _____

ADDRESS OF REQUEST: _____

REASON FOR REQUEST: _____

SPECIAL CONDITIONS:

ALARM SYSTEM: () Yes () No

If Alarm Present-Does Emergency Contact have Access Code to Reset () Yes () No

ANIMAL(S) PRESENT: () Yes () No

LIGHTS LEFT ON AT LOCATION: () Yes () No-

IF SO-Where: _____

Vehicle(s) that should be at location in your absence: (Make, Model, Color, License Plate)

If problem or emergency exist who do we contact:

1st Contact:

Name: _____

Telephone Number: () _____ -- _____ Other Number: () _____ = _____

Address: _____

2nd Contact:

Name: _____

Telephone Number: () _____ -- _____ Other Number: () _____ = _____

Address: _____

This special watch request is a courtesy offer by the Fairview Department of Public Safety whereas the request does not create any special relationship between the Requestor and the Fairview Department of Public Safety, The Town of Fairview and/or its employees or agents of the Town of Fairview.

Fairview's ability to provide services is conditioned upon available resources and the discretion of the Department. The Fairview Department of Public Safety retains sole discretion in determining the way in which available resources are to be utilized. The acceptance of this request for a special watch should not be construed as creating either a promise to perform such services or an obligation on the part the Fairview Department of Public Safety or Town of Fairview to provide such services.

Your Name: _____

Telephone Number: _____ Other Phone: _____

Signature of Requestor _____

Date of Request _____

Fairview Public Safety- Special Watch Form
Watch Times

	A	B	C	D	E
1	Date of Watch	Time Checked	Problems-Y/N	Hazards Noted-Y/N	Officer/ID
2					
3					
4					
5					
6					
7					
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10					
11					
12					
13					
14					
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