## FORT CAVAZOS DIRECTORATE OF EMERGENCY SERVICES FORT CAVAZOS POLICE DEPARTMENT FORT CAVAZOS, TEXAS 76544

## **HOUSEWATCH PROGRAM**

(RESIDENT PARTICIPATION FORM)

PATROL AREA				HW CODE
			OCCUPY QUARTERS	,
	(LAST, FIRST, MIDDLE INITIAL)	(LAST 4 of SSN or DODI No.)		(NUMBER) (APT)
		IN	.(	) -
	(STREET)	(HOUSING AREA)	(AREA	CODE & PHONE NUMBER)
REQUEST TH	E FORT CAVAZOS POLICE CHECK MY QU	ARTERS DURING MY ABSENCE.		
WILL BE LEAV	/ING MY QUARTERS ATON	. ALTERNA	TE PHONE (	) -
	(TIME)	(DATE)		CODE & PHONE NUMBER)
WILL BE RETU	JRNING TO MY QUARTERS AT	ON		
٨	(TIME)	(DATE)		
Α.	COMPLETE THE QUESTIONS LISTED BEL  1. HAVE YOU ARRANGED TO HAVE Y		OB VOLIB KEV	
	HOLDER DURING YOUR ABSENCE?		OK TOOK KET	YES NO
	2. HAVE YOU CANCELLED YOUR NEW		?	YES NO
	3. HAVE YOU MADE ARRANGEMENT			YES NO
	4. HAVE YOU SECURED THE STORAG			
		IENT (I.E. LAWN FURNITURE, LADDERS		YESNO
	5. DO YOU CURRENTLY HAVE AN AC			YESNO
	IF YES, WHAT COMPANY?			
	6. WILL THERE BE PETS REMAINING	IN THE QUARTERS?		YESNO
	7. WILL THERE BE VEHICLES PARKED	IN THE DRIVEWAY?		YESNO
	IF YES, DESCRIPTION:			
	8. WILL LIGHTS COME ON BY AUTOM	MATIC TIMER IN THE HOUSE?		YESNO
	IF YES, WHAT TIME?	то		
	9. HAVE YOU INFORMED YOUR NEIG	HBORS OF YOUR ABSENCE?		YESNO
<ol><li>IS THERE ANY VISIBLE PHYSI</li></ol>		AMAGE TO THE QUARTERS?		YESNO
	IF YES, WHAT DAMAGE AND WHERE?			
	11. IF THE POLICE FIND ANY DESCREPENCIES SUCH AS VANDALISM, UNLOCKED DOORS OR EVIDENCE OF A HOUSEBREAKING, TH			
	WILL CONTACT YOUR <b>KEY HOLDER</b> . THIS IS A PERSON WHO MUST HAVE A KEY AND ACCESS TO RESCURE YOUR HOME. <b>THEY</b>			
	SHOULD RESIDE IN THE LOCAL AF	REA.		
KEY HOLDER #	t1:			
	(NAME)	(ADDRESS)	(AREA	CODE & PHONE NUMBER)
KEY HOLDER #	t2:			
	(NAME)	(ADDRESS)	(AREA	CODE & PHONE NUMBER)
В.	UPON YOUR RETURN, YOU MUST:			
	CHECK YOUR QUARTERS AND NOTIFY THE FORT CAVAZOS POLICE OF ANY DESCREPANCIES.			
	2. CALL THE MILITARY POLICE DESK AND GIVE YOUR CODE NUMBER TO CANCEL THE HOUSEWATCH.			
	SIGNATURE:		DATE	:
	IN ADJUSTA SENTATION (TO DE COMADISTED	A DV A 411 ITA DV DOLLGE DESK SEDGEANT	-1	
C.	IMPLEMENTATION (TO BE COMPLETED	BY MILITARY POLICE DESK SERGEANT	)	
	1. TIME / DATE OF REQUEST:			
	2. APPLICATION RECEIVED BY:	ICATION!		
	DESK SERGEANT ACCEPTING APPL	ICATION:		
D.	CANCELLATION (TO BE COMPLETED BY	MILITARY POLICE DESK SERGEANT)		
	1. TIME / DATE OF CANCELLATION:			
	2. CANCELLATION MADE BY:			
	3. DESK SERGEANT ACCEPTING CANO	CELLATION:		

PRIVACY ACT STATEMENT: AUTHORITY: Title 10, USC, Section 3012(g) and Title 5, USC, Section 2951. PRINCIPLE PURPOSE: Used for law enforcement purposes as additional means of identification of subjects, witnesses or complainants. ROUTINE USES: Provides an interface with the standard installation/division system and is a major item used in processing machine records and output sequence for Police / Military Police management Information System. DISCLOSURE: Military – disclosure is voluntary; however, failure to provide all information will result in your quarters not being placed on this program.