Warsaw Police Department ● 181 W. Harrison St. ● P.O.Box 68 Warsaw, Mo. 65355 ● 660-438-5522
Police Chief: Dave Jones

WATCH IN PASSING REQUEST

Please Print Clearly

Name: _____

Phone #: (Cell) _____ Home #: _____

Address: _____

_____

Reason for WIP: *(Circle One)* On Vacation, Business Trip, Death in Family, Out of State, Out of Country

Other: _____

_____

_____

Keys left with Anyone? Yes_____ No_____

If Yes, Name of Person: _____

Address: _____

Names of other people with access to your residence (Relatives, Workers, Neighbors):

_____

Protected by Alarm System? Yes_____ No_____

Alarm Company Name (in case of activation): _____

Phone Number: _____

Any Lights On? Yes_____ No_____ Constant or Automatic?
(Circle One)

I request that a Watch in Passing security check be made of my premises.

From (date)_____/_____/_____ to _____/_____/_____.

Print Name: _____

Signed: _____

Date of Request: _____/_____/_____.