



181 W. Harrison St. • P.O. Box 68 • Warsaw, Mo. 65355
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Police Department

WATCH IN PASSING REQUEST

Name: _____

Cell Phone #: () _____ Home Phone #: () _____

Address: _____

Reason for WIP: *(Select all that apply)*

On Vacation Business Trip Death in Family (Out of Town) Out of State Out of Country

Other _____

Keys left with anyone? Yes No **If Yes**, Name of Person: _____

Address: _____

Names of other people/relationship with access to your residence. *(Relatives, Neighbor, Friends, Co-Workers):*

1. _____ 2. _____

3. _____ 4. _____

Protected by Alarm System? Yes No

Alarm Company Name (In case of activation): _____

Phone Number: () _____

Any Lights On: Yes No Lights: Constant or Automatic

Any other information that you may want us to know? _____

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

From (dates) ____/____/____ **to** ____/____/____.

Print Name: _____

Signed: _____

Date of Request: ____/____/____.

Helpful Note: Stop mail, paper deliveries, etc. to avoid the possible indication that you are away. Have lights on timers and ensure you have a reliable alarm system / house sitter. Recommendation: Do not post vacations on face Book.