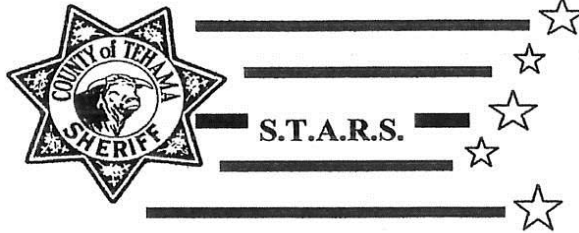


# HOUSEWATCH INFORMATION FORM

DAVE HENCRATT  
SHERIFF/CORONER

TEHAMA COUNTY SHERIFF'S OFFICE  
Date Request Received \_\_\_\_\_

S.T.A.R.S  
P.O. BOX 729  
RED BLUFF, CA 96080  
(530)527-7230



Name \_\_\_\_\_ Housewatch No. \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_

Exact Geographical Location \_\_\_\_\_

Date Commencing \_\_\_\_\_ Estimated Return \_\_\_\_\_ Actual Return \_\_\_\_\_

Vacation Address \_\_\_\_\_ Phone \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_

Who Has A Key \_\_\_\_\_ Phone \_\_\_\_\_

Other Authorized At Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Additional Info: Any Lights On? \_\_\_\_\_ Where \_\_\_\_\_ On Timer \_\_\_\_\_

Autos On Premises? (Describe) \_\_\_\_\_

Pets Left? \_\_\_\_\_

Other Info \_\_\_\_\_

Alarm System \_\_\_\_\_ Is it on? \_\_\_\_\_

Property Fenced? \_\_\_\_\_ Gates Locked? \_\_\_\_\_

**\*\* PLEASE E-MAIL YOUR FORM TO\*\***

stars@tehamaso.org

Address \_\_\_\_\_

Date	Time In / Out	Total Time	Disposition	(Print) Name of STARS Checking
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**REVIEWED BY:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_