



Neighborhood Watch Program "House Record"

Last Name _____ First Name _____

In an emergency, contact me at (phone nos.) _____

Cottage Address _____ Township _____

[On/At/Near] Lake _____ [Waterfront? YES NO] Cottage Phone _____

Nearest intersection _____

At this address I am a: Year-round Resident _____ Summer Resident _____
 Mostly Weekends ___ Spring ___ Summer ___ Fall ___ Winter
 Other (describe) _____

Special conditions at this address: (check all that apply and add others)

Stairs ___ Handicap ramp ___ Other _____

A resident: Uses wheelchair ___ Uses oxygen tank ___ Is hearing impaired ___ Is bed-ridden ___

Medications: Location and Dosage: (use other side if necessary)

Pets: (ex: 2 dogs "Bruno," 4#, barks, bites -- "Rover," 60#, docile, friendly; 1 cat "Abby", shy)

Helpful location descriptors (eg. fenced property, gated, multiple driveways, security alarm system, multiple entry doors, house not visible from street, no mailbox, sloped property, lots of stairs, winding drive, etc - use back if necessary)

My permanent address: _____

My email address: _____

Is there a keyholder with permission to access your property?

Name _____ Phone _____

Address _____

*** It is your responsibility to KEEP A COPY of this form and UPDATE it with the Sheriff Dept as needed. ***

Return this form to: Clare County Central Dispatch, 255 W. Main St., Harrison MI 48625

E-mail it to brubakert@clareco.net or smithdj@clareco.net or wolfgangc@clareco.net or FAX it to 989-539-6002.