



# Neighborhood Watch Program House Record

Date \_\_\_\_\_

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 \_\_\_\_\_

I am at this address: Year-round Resident \_\_\_\_\_ Summer Resident \_\_\_\_\_  
Mostly Weekends \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter  
Other (*describe*) \_\_\_\_\_

### Special circumstances 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 \_\_\_

Medical Conditions & 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*)

Are firearms at this address? NO YES Where located (*ex: east bdrm*) \_\_\_\_\_

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*)  
Include 1-2 photos if you wish.

\_\_\_\_\_  
\_\_\_\_\_

My permanent address: \_\_\_\_\_

My email address: \_\_\_\_\_

Name of keyholder with permission to access your property: \_\_\_\_\_

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

**\* Information you choose to provide is voluntary and optional. \***  
**\* It is your responsibility to KEEP A COPY of this form and UPDATE it with the Sheriff Dept as needed. \***  
Call Central Dispatch at 539-7166 to update (add, delete, change) any information.

Return this form: *fax* - 989.539-5721 [ATTN: Lt. Miller] **OR** *email* - [rmiller@claresheriff.org](mailto:rmiller@claresheriff.org) **OR**  
*mail* - Clare County Sheriff Dept, 255 W. Main St., Harrison MI 48625 [ATTN: Lt. Miller]