

**VACATION /SECURITY WATCH**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

DATE LEAVING: \_\_\_\_\_ DATE RETURNING: \_\_\_\_\_

SPECIAL PRECAUTIONS: \_\_\_\_\_  
(Lights, Alarms, etc.)

PERSON WITH KEY: \_\_\_\_\_

THEIR ADDRESS/PHONE: \_\_\_\_\_

VEHICLES IN DRIVEWAY: \_\_\_\_\_  
(Year, Make, Model, Color, License, etc.)

EMERGENCY NOTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
(Name, Address, Phone, etc.)

Mail, fax, or drop off at:

HARRIS COUNTY SHERRIF'S DEPARTMENT  
ATTN: VACATION WATCH  
6831 CYPRESSWOOD DRIVE  
SPRING, TEXAS 77379  
Fax # 281-376-6153