



SAFER CROCKER HIGHLANDS VACATION WATCH REQUEST FORM

Enrolled Address:	Resident Name(s)
Departure Date:	Return Date:
Numbers you can be reached:	

Complete the following information if someone has permission to be at your home:

Name	Phone Number	Make/Model of Vehicle
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Please complete the following:

	Yes / No	Comments
1. Are there any lights to be left on?		
2. Are any lights on timers?		
3. Is your home alarmed?		
4. Are your gates locked?		
5. Are any pets being left at home?		
6. Are curtains/blinds being left open/closed?		
7. Did you stop mail/newspapers?		

If you answered **yes** to **Question 3**, is Intervention Group listed as a contact/responder? Yes____ No____

Alarm Company Name/Telephone_____

If you answered **yes** to **Question 4**, provide lock numbers if you wish IGI officers to check parameter in response to alarm or suspicious activity:_____

Additional pertinent information _____

Signature

**Mail or fax completed form to Intervention Group, Inc.
8105 Edgewater Drive, Suite 120, Oakland, California 94621 Fax: (510) 957-5493**