



Fountain Hills / Rio Verde

Vacation Crime Watch Application

****MAXIMUM 30-DAY DURATION****
(Please Print)

Name: _____ Address: _____

Leaving for vacation on: _____ Returning: _____
Month/Day/Year Time am/pm Month/Day/Year Time am/pm

Cell Number: _____ Home Number: _____

Circle if applicable: Back gate locked: Yes/No Lights on inside: Yes/No/ Timer Lights on outside: Yes/No/ Timer

Activated Alarm: Yes/No

Alarm company name & phone number: _____

Vehicles left outside: _____ Year _____ Color _____ Make _____ Model _____ License Plate Number
_____ Year _____ Color _____ Make _____ Model _____ License Plate Number

Emergency Contact Information:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Remarks:

The Maricopa County Sheriff's Office Posse, (volunteer service), will make periodic outside inspections of the property and report to law enforcement or designated contacts if damage or breaches of security are found. The MCSO Posse assumes no responsibility for the property, but merely inspects and report. The number of current requests and the number of volunteers available will determine the frequency of inspections. With your signature below you agree to the terms as stated above.

Signature _____ Date _____

Return completed form to Fountain Hills - District 7: 16705 East Avenue of the Fountains, Fountain Hills, AZ 85268

Fax: 480-837-4541 email: Fountain.Hills@mcs.maricopa.gov

DATE	TIME	DEPUTY	COMMENTS	DATE	TIME	DEPUTY	COMMENTS