



Security Home Monitoring:

I wish to participate in Home Monitoring program established by the Galena Territory Association for the convenience of the property owners.

Name: _____

Unit & Lot Number: _____ Territory Address: _____

Home address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Galena Phone: _____

Email: _____

Date(s) Requesting Extra Patrol: Start _____ End _____

Frequency: Weekly _____ Bi-weekly _____ Monthly _____

Reason for Extra Patrol _____

Key Location: Key Retention Heat Light Key Number _____

Protected by an Alarm: Yes No Type of Alarm _____ Alarm Code _____

Lights On: Yes No Constant Automatic

Other persons that will have access to premises (relatives, workers, neighbors, employees): _____

Owner Signature: _____ Date: _____

FOR SECURITY USE ONLY
Home Monitoring Service Report

Name: _____

Unit & Lot Number: _____ Territory Address: _____

Cell Phone: _____ Galena Phone: _____

Email: _____

Date(s) Requesting Extra Patrol: Start _____ End _____

Frequency: Weekly _____ Bi-weekly _____ Monthly _____

Reason for Extra Patrol: Premises will be vacant Other _____

Key Location: Key Retention Heat Light Key Number _____

Protected by an Alarm: Yes No Type of Alarm _____ Alarm Code _____

Lights On: Yes No Constant Automatic

Other persons that will have access to premises (relatives, workers, neighbors, employees): _____

DATE	TIME	-EXTERIOR-		-INTERIOR-			OFFICER
		WINDOWS	DOORS	FURNACE	WATER	SECURE	