



# CITY OF AVON POLICE DEPARTMENT



## Teen Home Alone Program House Watch Request Form

The "Teen Home Alone Program" is designed to reduce or eliminate the opportunity for teenage underage parties to occur in the City by parents and police working together to stop unsupervised teenage parties.

Home Owner(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Name(s), age(s) and cellular telephone number(s) of children authorized to be at your residence:

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

Date leaving: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date returning: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone number to residence: (\_\_\_\_\_) \_\_\_\_\_

Telephone number to reach you while you are gone: (\_\_\_\_\_) \_\_\_\_\_

Vehicles remaining in driveway: \_\_\_\_\_

### Emergency Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

I understand that by participating in the "Teen Home Alone Program" that I am authorizing the Avon Police Department to stop at my residence should they observe activities during the dates listed on the form which indicate to them that some type of unsafe or illegal activity may be occurring at my residence. I also understand that should members of the Avon Police Department observe any signs of an underage party occurring during my absence, the officers will stop to investigate and that I will be notified by departmental personnel as soon as possible. I also understand that should anything of a criminal nature be found, the police officers are duty bound to investigate the matter and take appropriate action. I also understand that my child(ren) must be of appropriate age and maturity to be left home alone and this form does not place any responsibilities on the City of Avon or its employees to supervise or guardian my child(ren). By signing this form below I am acknowledging that I have read this form and agree to the conditions set forth in the form.

Signature \_\_\_\_\_

Date \_\_\_\_\_