

JACKSONVILLE POLICE
DEPARTMENT

VACATION HOUSE CHECK

DATE/TIME of DEPARTURE _____ DATE/TIME of RETURN _____
(Notify us immediately if departure or return times change) **60 DAYS IS THE MAXIMUM ALLOWED**

NAME _____ PHONE _____
ADDRESS _____ ZIP _____ CROSS STREET _____

LOCAL EMERGENCY CONTACT: You **must** designate a local contact person.

NAME _____ DAYTIME PHONE _____

ADDRESS _____ DO THEY HAVE KEY? _____

VEHICLES LEFT ON PROPERTY: (DO NOT INCLUDE VEHICLES IN GARAGE)

Year _____ Make _____ Model _____ Color _____ Lic# & State _____

Year _____ Make _____ Model _____ Color _____ Lic# & State _____

ALARMS

Premise Alarm _____ Yes? _____ NO? Alarm Company and Telephone Number _____

PERSONS AUTHORIZED ON PROPERTY: (Lawn/pet care, etc.)

Name _____ Name _____

Name _____ Name _____

HOUSE SITTER INFORMATION

Name _____ Hours & Dates House Sitter will be present _____

YES NO

_____ _____ Rear yard locked?

_____ _____ Mail stopped

_____ _____ Newspaper stopped?

_____ _____ Broken Windows or screens? Where? _____

_____ _____ Pets in yard? What Type? _____ How Many _____

ADDITIONAL INFORMATION: _____

I understand that Vacation House Checks will be performed as time permits. The signature on this form releases the City of Jacksonville Police Department of all liability for loss of property or damage occurring during this time period.

INFORMATION GIVEN BY _____ DATE _____ TIME _____

MAIL TO: Jacksonville Police Department, PO Box 7, Jacksonville, Or 97530.
Attn: Vacation House Check