

SNOQUALMIE/NORTH BEND POLICE

VACATION HOUSE CHECK REQUEST

LAST:	FIRST:	MIDDLE:	DOB:
ADDRESS			PHONE

DATE OF DEPARTURE	DATE OF RETURN
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VEHICLES REMAINING AT THE RESIDENCE

LICENSE	YEAR:	MAKE:	MODEL:	COLOR

DESCRIBE ANY OTHER ACTIVITY THAT MAY OCCUR (EXAMPLE) BLINDS BEING OPENED OR CLOSED, LIGHTS ON TIMERS, NEIGHBORS COLLECTING MAIL, CARING FOR PETS, ETC.

EMERGENCY CONTACT: PERMISSION TO BE IN RESIDENCE? Y N KEY TO HOME? Y N

NAME:	
ADDRESS:	PHONE:

HOME PROTECTED BY ALARM SYSTEM? Y N IF ALARM ACTIVATES CAN EC RESET? Y N

ALARM COMPANY:	ALARM COMPANY PHONE:	TYPE OF ALARM:
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I CAN BE REACHED AT:
ADDRESS:

The undersigned does hereby grant and request the City of Snoqualmie, North Bend and its Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City, its employees and agents for any claims for personal injury, loss or damage to property that may be suffered by the undersigned through any action or lack thereof be a representative of the City. Further, the undersigned understands and agrees that this is a voluntary, free service, does not create a special duty upon the City, will be provided only as time is available, and no guarantee is made nor assurance given against loss, theft or damage to premises.

Signed this _____ day of _____, 20____

ID VERIFIED BY: _____