



PORT ANGELES POLICE DEPARTMENT

Vacation House Check Request



Date of Request: _____

Name: _____

Phone #: _____

Address: _____

Date Leaving: _____

Date Returning: _____

Vehicles Left on Premises: _____

Lic #: _____

Lic #: _____

Protected by an Alarm System (circle one) YES NO If yes, type of alarm: _____

Name and telephone number of alarm company: _____

Lights on (circle one) YES NO Constant YES NO Automatic YES NO

I can be reached at (name of hotel/person): _____ Phone #: _____

Address: _____

The following person is authorized to enter and will be looking after my property, or in case of emergency contact:

Name: _____

Phone #: _____

Address: _____

The above party has a key to the property (circle one) YES NO

The undersigned does hereby grant and request the City of Port Angeles and it's Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City of Port Angeles, it's employees, and agents for any claim for personal injury, loss or damage to property that may be suffered by the undersigned, through any action or lack thereof, by a representative of the City of Port Angeles. Further, the undersigned understands and agrees that this is a voluntary, free service and 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 _____, _____.

By: _____

FOR OFFICIAL USE ONLY:
Identification of person making request verified by (NO PHONE REQUESTS): _____

