City of Hurricane

Police Department

Vacation Check Request

Name: _____ Home Phone Number: _____

Address: _____ Cell Phone Number: _____

Email address: _____

Date Leaving: _____ Date Returning: _____

Local contact:

Name: _____ Address: _____

Phone: _____

Will emergency contact have keys to residence: ☐ Yes ☐ No

Vehicles outside of garage:

Make/Model: _____ Color: _____ Plate#:_____

Make/Model: _____ Color: _____ Plate#:_____

Make/Model: _____ Color: _____ Plate#:_____

Authorized Access (landscaper/pool maintenance, friend or relative etc.):

Company/Person Name: _____

Company/Person Name: _____

Alarm: ☐ Yes ☐ No

Company Name: _____ Alarm company phone: _____

Lights/Radio/TV left on or on timer:

Location/time activated: _____

Location/time activated: _____

Location/time activated: _____

Pets left at residence: ☐ Inside ☐ Outside

Description: _____

Any safety hazards in yard (pool, hot tub etc): _____

_____

READ BEFORE SIGNING:

The undersigned does hereby grant and request that the Hurricane Police Department visually check the property listed above, which may include access to the yard. The undersigned does hereby agree to hold harmless the City of Hurricane, its 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 Hurricane. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the City and will be provided only as time and personnel are available and no guarantee is made nor assurance given against loss, theft or damage to premises.

Homeowner Signature: _____ Date: _____

☐ I understand checking this box constitutes my signature confirming I agree to the above terms.

Received by: _____ Date: _____

Approved: ☐ Yes ☐ No Reason for denial: _____ Date: _____

Approved/denied by: _____

Assigned incident number: _____