# REQUEST FOR VACATION HOUSE CHECK

ADDRESS _____ NAME _____

IN CASE OF EMERGENCY, MAY WE CALL YOUR CELL PHONE? IF YES, THE NUMBER IS _____

IF NO CELL NUMBER, IN CASE OF AN EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? □ YES □ NO

PLEASE GIVE AN EMERGENCY CONTACT AND PHONE NUMBER: _____

DEPARTURE DATE _____ RETURN DATE _____

TYPE OF PREMISES: Residence □ Business □ Other □ _____

HAVE KEYS BEEN LEFT WITH ANYONE? □ YES □ NO IF YES, NAME(S) _____

ADDRESS _____ PHONE NO. _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? □ YES □ NO

IF YES, NAME(S)_____

OTHER CONDITIONS/COMMENTS: _____

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND **AGREE TO NOTIFY THE EPHRATA POLICE DEPARTMENT OF MY RETURN**. I UNDERSTAND THAT MY PROPERTY WILL BE CHECKED ONLY AS WORKLOAD AND TIME PERMIT. I WILL NOT HOLD THE CITY OF EPHRATA OR THE EPHRATA POLICE DEPARTMENT RESPONSIBLE FOR ANY LOSS OR DAMAGE THAT MAY OCCUR TO MY PROPERTY BETWEEN THE DEPARTURE DATE AND THE RETURN DATE GIVEN ON THIS FORM.

SIGNED: _____ DATE OF REQUEST: _____

**OFFICER'S HOUSE CHECK REPORT**

| DATE | TIME | STATE IF PREMISES WERE SECURED OR OTHER* | OFFICER'S INITIALS |
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* If premises were unsecure or evidence of forced entry present, state if you entered and checked premises. If you found any evidence of vandalism or theft make separate report.

ADDRESS_____

## OFFICER'S HOUSE CHECK REPORT (continued)

| DATE | TIME | STATE IF PREMISES WERE SECURE OR OTHER* | OFFICER'S INITIALS |
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(Rev. 8/10)