



Sequim Police Department Vacation House Check Request

Start your entry at 'Date of Request'. When completed, print form.

**NOTE: THIS FORM MUST BE BROUGHT TO THE SEQUIM POLICE DEPARTMENT AND
SIGNED IN THE PRESENCE OF DEPARTMENT PERSONNEL**

DATE OF REQUEST: _____

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

DATE LEAVING: _____ DATE RETURNING: _____

VEHICLES LEFT ON PREMISES: _____ LICENSE#: _____
_____ LICENSE#: _____

PROTECTED BY ALARM SYSTEM (CIRCLE ONE) YES NO If yes, type of alarm _____

NAME AND PHONE NUMBER OF ALARM COMPANY:

LIGHTS ON: YES NO CONSTANT: YES NO AUTOMATIC: YES NO

I CAN BE REACHED AT: NAME _____ PHONE: _____

ADDRESS: _____

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

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

This party has a key to the property: Yes No

The undersigned does hereby grant and request the City of Sequim and it's Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City of Sequim; 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 Sequim. 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 _____ 20____

BY: _____ ADDRESS: _____

FOR OFFICIAL USE ONLY

Identification of person making request verified by: _____