

**VACATION HOUSE CHECK**

**SECTOR** \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERG. PHONE \_\_\_\_\_

VACANT FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Lights on in home? YES / NO Where? \_\_\_\_\_

Vehicle (s) parked on the property? YES / NO

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

Key at: \_\_\_\_\_

Emerg. Contact Person \_\_\_\_\_

Emerg. Contact Phone \_\_\_\_\_ or \_\_\_\_\_

***Waiver of Liability***

*I am requesting that a member of the Springfield Police Department conduct periodic checks of my residence during my absence. I understand and agree that this voluntary, free service will be provided only as time is available, and that no guarantee is made nor assurance given against loss, theft, or damage to the premises and if any such action should occur, I cannot, nor will I, hold the Township of Springfield, the Springfield Police Department or any of its officers, employees, members or agents liable.*

*I understand that it is my obligation to advise the Springfield Police Department, as soon as reasonably possible, of my return to my residence and to cancel the house checks.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date