LOCATIO	N TO BE (CHECKED						
NUMBER AND STREET					NEAREST	CROSS STR	EET	
RESIDEN	T'S NAME				•			
LAST		FIRST		MIDDLE		PHONE		
DATES TO	D BE CHE	CKED	(30-DAYS	IS THE MAXIM	MUM ALLOWED)			
DATE/TIME DEPARTING			DATE/TIME RETURNING (REQUIRED FOR APPROVAL)					
EMERGENCY CONTACT								
NAME					PHONE			
PETS STA	AYING AT	THE RESIDE	ENCE					
LIST OF PET	S OR WRITE	"NONE"						
SECURIT	Y MEASU	RES ALREAI	DY TAKEN	1				
ALARM			NO	IF YES, LIST ALARM COMPANY AND PHON			:	
KEY ON FILE	WITH PD	YES	NO					
LIGHTS ON YES		YES	NO	MAIL STOPP	ED	YES	NO	
TIMERS		YES	NO	IF LIGHTS O	N, LIST WHERE:			
PAPER STOP	PED	YES	NO					
OTHER MEAS	SURES TAKE	N:						
OFFICER	SAFETY	NFORMATIC	N N					
ARE ANY FIR	EARMS STO	RED AT THIS LO	CATION? (IF '	ATION? (IF YES, PLEASE LIST BELOW)			NO	
PLEASE LIST	FIREARMS	STORED:						
					e? (IF YES, PLEASE LIST BELOW)		NO	1
COLOR	LOR YEAR MAKE		MODEL				LICENSE	LOCATION
COLOR	OLOR YEAR MAKE		MODEL				LICENSE	LOCATION
COLOR	DLOR YEAR MAKE			MODEL			LICENSE	LOCATION
WILL ANYON	E ELSE BE C	OMING BY THE F	RESIDENCE?	(IF YES, PLEA	SE LIST BELOW)			
						YES	NO	
LAST NAME			FIRST NAME				PHONE	
DO THEY HAVE KEYS? YES NO			PURPOSE OF THEIR VISIT					
ARE THERE		I SCREENS OR V	VINDOWS?	LOCATION				
	YES	NO						
ARE THERF			BE AWARE O	F? (IF YES. PI	EASE LIST ON BA	CK)		
	YES	NO	•	,,· -		,		
DEPARTMENT USE DATE RECEIV			ED		FORM OF ID CHE	CKED		
ONLY								
RIMS ENTRY		RECEIVED BY	RECEIVED BY					

Residents requesting the vacation home watch service should be aware that every reasonable effort will be made to inspect the vacant property during your absence. However, circumstance may not allow for checks to occur on any specific days or at all; <u>daily property checks cannot be assured.</u> Any community member seeking additional clarification concerning our potential inability to provide service is encouraged to contact the On-Duty Supervisor.

NOTE: FOR OUR OFFICER'S SAFETY, THE RESIDENCE WILL NOT QUALIFY FOR VACATION HOME CHECKS IF ANYONE WILL BE STAYING IN THE RESIDENCE DURING THE TIME OF THE CHECKS OR IF THE HOME IS VACANT DUE TO A SALE OR CONSTUCTION.

Please use this space to provide any other information for our officers:
I UNDERSTAND THAT HOUSE CHECKS WILL BE PERFORMED AS TIME AND VOLUNTEER STAFFING PERMITS. I HOLD THE MEMBERS OF THE ALBANY
POLICE DEPARTMENT AND THE CITY OF ALBANY HARMLESS AND AGREE NOT
TO FILE ANY TYPE OF CLAIM DUE TO DAMAGE THAT MAY OCCUR BECAUSE OF THE SERVICE REQUEST.
SIGNATURE
DATE