GRANDVIEW POLICE DEPARTMENT VACATION HOUSE CHECKS

Private residences which are left vacant when the owners are out of town are prime targets for burglars. In an effort to reduce the burglary threat, the department will attempt to provide increased patrol for residents who are away from home.

Vacation security service will be provided for persons who will be away for at least four (4) days and no more than fourteen (14) days.

Requests for security service lasting less than four (4) days or more than fourteen (14) days will be posted as a "close patrol".

All single family residences which are currently occupied are eligible for vacation security services. Residences not inhabited, such as houses for rent or sale, are not eligible for vacation security service. However, they can be listed for "close patrol".

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GRANDVIEW POLICE DEPARTMENT VACATION HOUSE CHECK REQUEST

| DATE OF REQUEST: | CASE NUMBER: |
|--|---|
| NAME: | PHONE NUMBER: |
| ADDRESS: | |
| DATE LEAVING: | DATE RETURNING: |
| VEHICLES LEFT ON PREMISES: | LICENSE#:LICENSE#: |
| PROTECTED BY ALARM SYSTEM? YES/I | NO If yes, type of alarm: |
| NAME AND PHONE NUMBER OF ALARM | COMPANY: |
| LIGHTS ON: YES/NO CONSTANT: | |
| I CAN BE REACHED AT: NAME: | PHONE#: |
| ADDRESS: | |
| The following person is authorized to enter and will be I | looking after my property, or in case of emergency contact: |
| NAME: | PHONE#: |
| ADDRESS: | |
| This party has a key to the property: YES/N | 10 |
| Department to visually check upon the proagree to hold harmless the City of Grand personal injury, loss or damage to property any action or lack thereof, by a represent undersigned understands and agrees that t | d request the City of Grandview and its Police operty listed above. The undersigned does hereby dview, its employees, and agents for any claim for y that may be suffered by the undersigned, through tentative of the City of Grandview. Further, the his is a voluntary, free service and does not create a only as time is available, and no guarantee is made damage to premises. |
| SIGNED THIS DAY OF | 20 |
| BY:ADDRE | :SS: |
| FOR OFFICIAL USE ONLY: | |
| Identification of person making request verified by: | |