



# City of Poulsbo Police Department

200 NE Moe Street  
Poulsbo, WA 98370  
(360) 779-3113 • Fax (360) 779-4433  
www.cityofpoulsbo.com



## Vacation House Check Forms

Date of Request: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Vehicles left on premises: \_\_\_\_\_ License: \_\_\_\_\_

\_\_\_\_\_ License: \_\_\_\_\_

Alarm System? (Circle one) YES NO

Lights on? (Circle one) YES NO - Constant? YES NO - Automatic? YES NO

Radio Left on? (Circle one) YES NO

Destination: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

This party has a key to the property? (Circle one) YES NO

**The Undersigned does hereby grant and request the City and its Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City, and its employees and agents for any and all claims 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. I will contact the Poulsbo Police department if I return home before my described date listed above. Further I understand that my property will not be checked after the date I have designated as my return date.**

By: \_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

