

GILBERTVILLE POLICE DEPARTMENT VACATION NOTIFICATION FORM

ADDRESS: _____

RESIDENT'S NAME: _____ CONTACT TELEPHONE: _____

Date Leaving: _____ Time: _____ Return Date: _____ Time: _____

If the date you leave or return changes, please advise the Police Department

Resident phone contact while away: _____

SPECIAL CONDITIONS:

- | | |
|---|---|
| <input type="checkbox"/> Lights left on (location) _____

<input type="checkbox"/> Keys left with: _____
<input type="checkbox"/> Mail stopped? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Other deliveries? Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____
<input type="checkbox"/> Active Alarm System? Yes <input type="checkbox"/> No <input type="checkbox"/> Service Provider: _____
<input type="checkbox"/> List any person(s) authorized to be at the premises: _____
_____ | Timer used?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone: _____ |
|---|---|

Are there any other conditions you would like us to know about? _____

Can officers access the back of the residence if they need to? How? Are there dogs/pets? _____

Vehicles that may be seen on premises:

License No.	State Registered	Make	Model	Color	Location

Person to contact locally in case of emergency:

Name: _____ Address: _____

Phone: _____ Relation: _____

Residential patrol and security checks may be given as patrol officers are available, however the City of Gilbertville makes no promises such services will be delivered or guaranteed.

I agree to hold the Gilbertville Police Department, City of Gilbertville, City Council, employees, agents and servants harmless from any and all liability upon signature of this vacation notification form.

Signature of Requesting Party

Date

Received by:	Date/Time:	Copy to Public Works: <input type="checkbox"/>	Copy to City Hall: <input type="checkbox"/>	Original to GPD: <input type="checkbox"/>
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