



Bandon Police Vacation House Check



Vacation Departure Date: _____ Return Date: _____

If you return BEFORE the listed date, Please call 541-347-2241

Home Owner/Resident Name(s): _____

Address: _____ Phone (home) _____ (cell) _____

Mailing Address (if different): _____

House Color: _____ Nearest Cross Street: _____

Yes No

Address Visible on House? (If NO describe location) _____

Any Outbuildings? (If YES describe buildings) _____

All Doors and Windows Locked? (If No Give Details) _____

Do Locked Gates Prevent Access? Gate Code: _____

Does Anyone Have Keys to House/Business/Gate?
(Please Provide Name & Phone) _____

Lights or Radio Left On? Times: _____ Location: _____

Pets on Property? Type: _____ How Many: _____

Alarm Installed? Alarm Company Name & Number _____

Mail, Deliveries, Newspaper Stopped?

Vehicles Left Visible on Property? (Color, Make, Plate) _____

Yard/Pool Services? (Include Days of Service) _____

Anyone else be Checking on the Residence? Who: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Address: _____

Persons Authorized on Property (Please Include Phone #) _____

I understand that vacation checks/safety patrols will be performed on a random basis as staffing and time permits. Any application may be denied due to past history at residence. My signature on this form releases the City of Bandon, the Bandon Police Department, and their employees and volunteers of all liability or any loss or damage that may occur during the aforementioned time period. **Submit Requests to: Bandon Police, 555 Hwy 101, Bandon, OR 97411 or Fax (541)347-2206 or Email slakey@cityofbandon.org**

Name: _____ Signature: _____ Date: _____