



# SUNRIVER POLICE DEPARTMENT

P.O. BOX 4788 • SUNRIVER, OR 97707 • (541) 593-1014 • FAX (541) 593-1870

## VACATION WATCH REQUEST

A "Vacation Watch" is a service performed for homes located in the Sunriver Service District. To qualify for this service, your residence must remain empty during the duration of this request. Please fax the completed form to (541) 593-1870 or scan and email to [police@sunriverpd.org](mailto:police@sunriverpd.org)

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

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

Cell Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

House Check Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\*\*\*\*Maximum time is 60 days in one calendar year.\*\*\*\*

### LOCAL EMERGENCY CONTACT INFORMATION

1. House alarmed?: Yes  No  (If no, skip to question #2)  Audible  Silent  Monitored

If monitored, Alarm Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Responsible Party if Alarm is Activated: (Must have the ability/authorization to shut off alarm.)

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

2. Does anyone locally have key or code access to the residence? Yes  No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Key  Code

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Key  Code

3. Will a contractor be performing services during your absence? Yes  No

(To include housekeepers, plant/animal caretakers, hot tub maintenance, etc.)

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

4. Is anyone else authorized to be on the premises? Yes  No

Please list: \_\_\_\_\_

Lights on Timer: Yes  No  If Yes, Where: \_\_\_\_\_

Pets in the Residence: Yes  No  If Yes, Describe: \_\_\_\_\_

Vehicle(s) on Premises: Yes  No  Where: Garage  Driveway

Vehicle(s) Description: \_\_\_\_\_

*My signature on this form authorizes the Citizen Patrol to periodically check my residence. Checks will consist of visual inspection of the general exterior condition of the house. Citizen Patrol shall not enter the premises, nor shall they identify the interior condition of the residence. I understand and acknowledge that the Sunriver Service District Vacation Watch Service cannot prevent residential burglaries and/or vandalism to my residence. I understand this service is provided for no more than 60 days in one calendar year.*

*By my signature on this form, I shall defend, indemnify, and hold the Service District harmless from and against any and all losses, expenses, claims, demands, and causes of action of every kind and character including those of parties hereto, their agents, employees and volunteers for damage and loss including: cost, attorney fees and settlements resulting from any act performed by or an omission on the part of the Sunriver Service District, it's employees, agents, volunteers, or entities arising out of or in connection with these house checks.*



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