

SPRINGDALE POLICE DEPARTMENT

Resident Vacation Check Request

Name:

Address:

Telephone(Home or Cell):

(Work):

Email Address:

Dates for Request

Date Leaving:

Date Returning:

Local Emergency Contact

Name:

Address:

Phone:

Will emergency contact have keys to the residence?

Yes_____ No_____

Vehicles Outside of Garage

Make/Model:

Color:

License Plate #:

Make/Model:

Color:

License Plate #:

Make/Model:

Color:

License Plate #:

Authorized Access (Landscaper/Pool Maintenance, friend or relative etc.)

Company/Person Name:

Company/Person Name:

Alarm Information

Is there an alarm system?

Yes_____ No_____

Company Name:

Phone:

Lights/Radio/TV Timer

Location/Time Activated:

Location/Time Activated:

Location/Time Activated:

Other Information

Pets left at residence? Yes_____ No_____ Inside_____ Outside_____

Description of Pets:

Any safety hazards in the yard? (pool, hot tub etc.)

SPRINGDALE POLICE DEPARTMENT

The undersigned does hereby grant and request that the Springdale Police Department visually check the property listed above, which may include access to the yard. The undersigned does hereby agree to hold harmless the Town of Springdale, its employees and agents for any claim 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 Springdale Police Department. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the Town and will be provided only as time and personnel are available and no guarantee is made nor assurance given against loss, theft or damage to premises.

Homeowner Signature

	Date:
_____ I understand checking this box constitutes my signature confirming I agree to the above terms.	

All information on this request is kept confidential and will only be used by the Springdale Police Department.

For Office Use Only

Received By:			Date:		
Approved:	Yes: _____	No: _____	Reason for Denial:		
Approved/Denied by:					
Assigned Incident Number:					

Checked By (Officer)	Date	Time	Checked By (Officer)	Date	Time