



Baker City Police Department



"The Northwest's Premier Rural Living Experience"

VACANT HOUSE CHECK

DATE/TIME of DEPARTURE: _____ **DATE/TIME of RETURN:** _____
(Notify us immediately if departure or return times change)

Name _____ Phone _____
Address _____ Zip _____ Cross Street _____

LOCAL EMERGENCY CONTACT: You must designate a local contact person.

Name _____ Phone _____
Address _____ Do they have key? _____ Yes _____ No

VEHICLES LEFT ON PROPERTY: (Do not include vehicles in garage)

Year _____ Make _____ Model _____ Color _____ Lic# & State _____
Year _____ Make _____ Model _____ Color _____ Lic# & State _____

ALARMS:

Premise Alarm _____ Yes? _____ NO? Alarm company and telephone number _____

PERSONS AUTHORIZED ON PROPERTY: (Lawn/pet care, etc.)

Name _____ Name _____
Name _____ Name _____

HOUSE SITTER INFORMATION:

Name _____ Hours & dates house sitter will be present _____

ADDITIONAL INFORMATION: Select all that apply

- Rear yard locked
- Broken Windows or screens. Where? _____
- Mail stopped
- Pets in yard. How many? _____ What Type? _____
- Newspaper stopped

COMMENTS: _____

I understand that Vacation House Checks will be performed as time permits. The signature on this form releases the Baker City Police Department of all liability for loss of property or damage occurring during this time period.

INFORMATION GIVEN BY _____ DATE _____ TIME _____

MAIL TO: Baker City Police Department, 1768 Auburn Avenue, Baker City, OR 97814 or CONTACT 24H DISPATCH: 541-523-3644