

**Accepted By:**

**Date Received:**

**Buffalo Valley Regional Police Department**  **Vacation House Watch**

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

Zone: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #:

House Vacant From: To:

**Inside:**

**Outside:**

**Lights?**

( ) Yes ( ) No ( ) On Timer ( ) On Constant ( ) Yes ( ) No ( ) On Timer ( ) On Constant

**Alarm?**

( ) No ( ) Yes, alarm company telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cars on Property?** ( ) No ( ) Yes ( ) In Garage ( ) On the Driveway

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_

License #: \_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_

**Is a house key with a neighbor or a friend?** ( ) No ( ) Yes

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

**If we observe anything unusual, whom should we contact?**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where can you be reached while the house is unoccupied?**

Area code & Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE UNDERSIGNED ACKNOWLEDGES THAT THE BUFFALO VALLEY REGIONAL POLICE VACATION HOUSE WATCH PROGRAM IS VOLUNTARY AND NOT CONTRACTUAL: THAT PARTICIPATION IN THE PROGRAM DOES NOT ASSURE ANY PARTICULAR LEVEL OF POLICE PROTECTION; THAT SUCH PARTICIPATION DOES NOT CREATE ANY SPECIAL DUTY TOWARD THE UNDERSIGNED ON THE PART OF THE BUFFALO VALLEY REGIONAL POLICE DEPARTMENT, ITS OFFICERS OR AGENTS; AND THAT THE UNDERSIGNED HOLDS THE BUFFALO VALLEY REGIONAL POLICE DEPARTMENT HARMLESS FOR ANY CLAIMS ARISING OUT OF ANY NATURE OCCURRING ON OR ABOUT OUR PROPERTY WHILE WE ARE ON VACATION.

DATED THIS \_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF HOMEOWNER/AGENT