

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 complimentary service performed weekly 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 email the completed form to: <u>police@sunriverpd.org</u>

Cell Phone #:		
louse Check Begin Date:	End Date:	
<u>L</u>	OCAL EMERGENCY CONTACT INFO	RMATION
1. House alarmed? Yes	\Box (Audible \Box Silent \Box) No \Box	
	ny: Phc Activated: (Must have the ability/a	
Name:	Phone #: _	
2. Does anyone <u>locally</u> have l	key or code access to the residenc	e? Yes 🗆 No 🗆
Name:	Phone #:	Key 🗆 Code 🗆
Name:	Phone #:	Key 🗆 Code 🗆
	ning services during your absence? plant/animal caretakers, hot tub m	
Name:	Name: Phone #:	
4. Is anyone else authorized to	o be on the premises? Yes \square No \square]
Please list:		
ights on Timer: Yes 🗆 No 🗆		
lats in the Residence · Yes 🗔 No 🗆	If Yes, Describe:	

My signature on this form authorizes the Sunriver Police Department and Sunriver 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 residence, nor shall they identify the interior condition of the residence. I understand and acknowledge the Sunriver Service District Vacation Watch Service cannot prevent residential burglaries and/or vandalism to my residence.

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.

Signature: _____

Date	Unit	Notes
		Visual 🗆 Physical 🗆
		Incident #
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