

Winfield Police Department
Vacation/Vacant House Watch

Date Leaving _____ **Date Returning** _____

Name _____ Home Phone # _____

Address _____

Emergency Phone # _____

Leaving Lights On? _____ Constant or Timer? _____

Location of Lights _____

Animal(s) left in home? _____ Type(s) _____

Vehicle(s) in driveway? _____ License Plate(s) _____

Person watching information

Name _____ Phone number _____

Address _____

Do they have a key? _____ Anyone else checking on your home? _____

Additional Information _____

I, _____, realize and hereby release the Winfield Police

Department from any claims for damages sustained at the above mentioned residence while I

am away from it and agree to not hold them liable if damages do occur and/or losses do

occur.

Date _____ Signature _____