

CLINTON POLICE DEPARTMENT – VACANT PROPERTY CHECK

EVENT #:_____

SECTOR #:_____

NAME:_____ PHONE #:_____

ADDRESS:_____ APT. #:_____

DATE VACANT:_____ RETURN DATE:_____

LIGHTS (Y/N):_____ LIGHTS ON TIMER (Y/N):_____

ALARMED (Y/N):_____ NAME OF ALARM SERVICE:_____

VEHICLE(S) AT RESIDENCE (Y/N):_____

EMERGENCY CONTACT(S) OR ANYONE ELSE WHO MAY BE CHECKING PROPERTY:

NAME:_____ NAME:_____

ADDRESS:_____ ADDRESS:_____

PHONE #:_____ PHONE #:_____

WAIVER OF LIABILITY

DISCLAIMER: THIS PROPERTY CHECK IS PROVIDED AS A PUBLIC SERVICE AND THE CLINTON POLICE DEPARTMENT ASSUMES NO OBLIGATION TO CHECK YOUR HOME/BUSINESS DURING THE DURATION OF YOUR ABSENCE. IF TIME AND OPPORTUNITY PERMITS, OUR PATROLS WILL ATTEMPT TO MANUALLY OR VISUALLY PROVIDE THIS FUNCTION. WE CANNOT GUARANTEE PREVENTION OF ILLEGAL ACTIVITY OR OTHER HAZARDOUS CONDITION. SHOULD IT BE DISCOVERED THAT THERE IS EVIDENCE OF A CRIME OR DANGEROUS SITUATION, WE WILL MAKE ALL REASONABLE EFFORTS TO CONTACT THE OWNER OR DESIGNATED RESPONSIBLE PARTIES.

I UNDERSTAND AND AGREE TO THIS WAIVER OF LIABILITY.

SIGNED:_____ DATE:_____
OWNER OR PERSON OF AUTHORITY

.....
CANCELLED BY_____ DATE:_____

COUNT DATE TIME OFFICER

COUNT DATE TIME OFFICER

01 _____
02 _____
03 _____
04 _____
05 _____

06 _____
07 _____
08 _____
09 _____
10 _____

*REMARKS OR CONTINUE ON BACK OF FORM