



# STAYTON POLICE DEPARTMENT VACATION NOTIFICATION FORM

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

Resident's Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

If the date you leave or return changes, please advise the Police Department

Resident may be contacted while away at: \_\_\_\_\_

## SPECIAL CONDITIONS:

☐ Lights left on (location) \_\_\_\_\_

Timer used?

Yes ☐

No ☐

Yes ☐

No ☐

☐ Keys left with: \_\_\_\_\_

Phone: \_\_\_\_\_

☐ Mail stopped? Yes ☐ No ☐

☐ Other deliveries? Yes ☐ No ☐ Type: \_\_\_\_\_

☐ Active Alarm System? Yes ☐ No ☐ Service Provider: \_\_\_\_\_

☐ List any person(s) authorized to be at the premises: \_\_\_\_\_

☐ Are there any other conditions you would like us to know about? \_\_\_\_\_

☐ Can officers access the back of the residence if they need to? How? Are there dogs/pets? \_\_\_\_\_

Vehicles left on premises:

License No.	State Registered	Make	Model	Color	Location

Person to contact locally in case of emergency:

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

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

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Residential patrol and security checks may be given as patrol units or reserve officers are available, however the City of Stayton makes no promises such services will be delivered or guaranteed.

I agree to hold the Stayton Police Department, City of Stayton, City Council, employees, agents and servants harmless from any and all liability upon signature of this vacation notification form.

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Date

Received by:	Date/Time:	Copy to Vacation Board: <input type="checkbox"/>	Stayton PD CAD #:	Supervisor Approval:
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*Submit your completed form via email to [policerecords@staytonoregon.gov](mailto:policerecords@staytonoregon.gov) or drop it off at the Police Department (386 N. Third Avenue).*