



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 or drop it off at the Police Department (386 N. Third Avenue).