



GERVAIS POLICE DEPARTMENT



Vacation Notification

Name _____ Date submitted _____

Address _____ Telephone _____

Date & Time of Departure _____ Date & Time of Return _____

Local contact person:

Name _____ Telephone _____

Address _____ Key available? _____

Vehicles left on property (not including garaged vehicles):

Vehicle Make _____ Model _____ License No. _____

Vehicle Make _____ Model _____ License No. _____

Vehicle Make _____ Model _____ License No. _____

Miscellaneous Information

Lights will be left on: Yes No If yes, location in home: _____

Pets in backyard? Yes No If yes, what type & how many: _____

Persons authorized on property: _____

Alarms

Premise alarm? Yes No Alarm Company & Telephone Number: _____

Additional information

In case of emergency, please provide your contact information for your destination (for example, cell phone, hotel phone number, etc.)

I understand that house checks will be made as time allows. By signing this form, I release the City of Gervais from liability for any loss of property or damage occurring during the departure and return time period indicated above.

Signature _____ Date _____

Note: Notification must be received 48 hours prior to departure.

Mail to: Gervais Police Department, P.O. Box 329, Gervais OR 97026