

WEST LINN POLICE VACATION HOUSE CHECK

(minimum of 7 days and a maximum of 30 days)

Resident's Name(s): _____ Email: _____

Street Address: _____ Phone: _____

Date Leaving: _____ *Date Returning: _____

***If your departure/return dates or times change please call the office and let us know that you no longer require the vacation house check.**

Does the residence have an alarm system? ☐ Yes ☐ No

If yes, do you have an alarm permit with our department? ☐ Yes ☐ No

Will there be any animals left on the premises? ☐ Yes ☐ No

If yes, please describe the type and number of animals: _____

Name and phone number of person(s) responsible for their care: _____

Any lights left on? ☐ Yes ☐ No

If yes, will they be on timers? ☐ Yes ☐ No

Time On: _____ Time Off: _____ Location: _____

Vehicles left at residence:

License Plate: _____ Make: _____ Model: _____ Color: _____

License Plate: _____ Make: _____ Model: _____ Color: _____

Will someone have a key to the residence in your absence? ☐ Yes ☐ No

If yes, please list their name and phone number: _____

List any associated vehicles: _____

If there is no key holder, who can we contact in case of an emergency?

Name: _____ Phone Number: _____

Any other information you would like us to know about the residence: _____

Mail or deliver this completed form to:

West Linn Police Department

1800 8th Avenue

West Linn, OR 97068

Phone: 503-655-6214

Fax: 503-656-0319

wlpdrecords@westlinnoregon.gov