

# 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 8<sup>th</sup> Avenue

West Linn, OR 97068

Phone: 503-655-6214

Fax: 503-656-0319

[wlpdrecords@westlinnoregon.gov](mailto:wlpdrecords@westlinnoregon.gov)