



JACKSON POLICE DEPARTMENT
 54 MAIN STREET, PO BOX 187
 JACKSON, NH 03846



Chief Chris Perley
 Emergency Dial 911

Phone (603) 383-9292
 Fax (603) 383-8150

Request for Residential Vacation Checks

If you live within Town of Jackson, and would like to have vacation checks performed on your residence, please complete this form and submit to The Jackson Police Department. Please Print

Personal Information

Name: _____ Residence Address: _____

Date of Birth: ____/____/____

Phone: _____ Email Address: _____

Date Leaving: ____/____/____ Date Returning: ____/____/____

Papers/Mail/Deliveries Stopped? YES NO

Will any lights be left on? YES NO Will lights be on a timer? YES NO

If lights on, which rooms? (Example: front hallway, back bedroom, etc.) _____

Pets? YES NO Type: _____ Indoor Outdoor

Who will be caring for the animal(s)? _____ Phone: _____

Does anyone have your permission to be on your premises? YES NO

If yes, who? _____ Phone: _____

Vehicle Information (Vehicles to be at the residence)

Make: _____ Model: _____ Color: _____ Plate: _____ Location: _____

Make: _____ Model: _____ Color: _____ Plate: _____ Location: _____

Make: _____ Model: _____ Color: _____ Plate: _____ Location: _____

(Continued on back)

Emergency Contact

Does a neighbor, friend or relative know how to contact you in case of an emergency? YES NO

Contact Name: _____ Address: _____

Phone: _____ Does this person have a key to your home? YES NO

Do you have an alarm system? YES NO

Monitoring Company: _____ Phone: _____

Please list any other information that you feel the police should be aware of:

Authorization and Waiver

The undersigned does hereby grant permission and request the Jackson Police Department and its Officers to visually check upon the property listed above. The undersigned does hereby agree to defend, indemnify and hold harmless the Town of Jackson; its employees, and agents for any claim for personal injury, loss, damage to property or any other cost that may be suffered by the undersigned, through any action or lack thereof, by a representative of the Town of Jackson, in connection with this request. Further, the undersigned understands, acknowledges and agrees that this is a voluntary, free service, that the service does not create a special duty or obligation on the part of the Town to the undersigned, that the service will be provided only as time is available, and the Town makes no guarantee nor provides any assurance to the undersigned against loss, theft, or damage to premises. Further, the undersigned understands, acknowledges and agrees that, due to limitations of time or resources or due to the need for police personnel to perform other tasks, it may be that no checks are conducted. The undersigned does hereby agree to secure the premises when leaving and to take whatever security measures at his/her disposal to cooperate in preventing crime, fire or other incidents from occurring. The undersigned has noted any conditions that will assist the police during these checks and will notify the Jackson Police Department immediately when he/she returns. To the extent permitted by law, this information shall be confidential.

BY: _____ Date: ____/____/____

Signature

(Return completed form to Jackson Police Department)