



Vacation House Check Request

PLEASE FILL IN AND SIGN THE TOP PORTION OF THIS FORM:

Request Date:	I can be reached at:
Name of Requestor:	Name:
	Phone: The following person(s) are authorized to enter to look
Phone:	after my property:
Address to check:	Party 1:
Cross Street(s):	Phone:Has a key 🗌
Mailing Address:	Party 2:
Date Leaving: Return:	Phone:Has a key 🗌
(If dates change, SPD must be notified)	In case of questions or emergency, call:
Vehicles on Premises (Make/Model/License):	Resident 🗌 Authorized Parties 🗌
	Burglar Alarm? Monitored? Alarm Co.: Phone: Lights on? Constant? Timer?
The undersigned does hereby grant permission and request the	
claim for personal injury, loss, or damage to property that may l by a representative of the City of Sequim. Further, the undersign	old harmless the City of Sequim, its employees and agents, for any be suffered by the undersigned, through any action or lack thereof, aned understands and agrees that this is a voluntary, free service; it nly as time is available, and no guarantee is made, nor assurance
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INCIDENTS

Date:	Incident (Describe fully):	Action Taken:
Time:		
VIPS #		
Sgt. or Officer Notified:		
Notified.		
Date:	Incident (Describe fully)	Action Takon:
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Time:		
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