

# KEIZER POLICE DEPARTMENT VACATION NOTIFICATION FORM

ADDRESS: \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_ CONTACT TELEPHONE: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

If the date you leave or return changes, please advise the Police Department

Resident may be contacted while away at: \_\_\_\_\_

**SPECIAL CONDITIONS:**

Lights left on (location) \_\_\_\_\_ Timer used? Yes  No   
 \_\_\_\_\_ Yes  No

Keys left with: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail stopped? Yes  No

Other deliveries? Yes  No  Type: \_\_\_\_\_

Active Alarm System? Yes  No  Service Provider: \_\_\_\_\_

List any person(s) authorized to be at the premises: \_\_\_\_\_

Are there any other conditions you would like us to know about? \_\_\_\_\_

Can officers access the back of the residence if they need to? How? Are there dogs/pets? \_\_\_\_\_

**Vehicles left on premises:**

License No.	State Registered	Make	Model	Color	Location

**Person to contact locally in case of emergency:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Residential patrol and security checks may be given as patrol units or reserve officers are available, however the City of Keizer makes no promises such services will be delivered or guaranteed.

I agree to hold the Keizer Police Department, City of Keizer, City Council, employees, agents and servants harmless from any and all liability upon signature of this vacation notification form.

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Date

Received by:	Date/Time:	Copy to Vacation Board: <input type="checkbox"/>	Keizer PD Incident #:	Supervisor Approval:
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**Your residence was checked on the below date(s) and time by our officers**

Officer: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Officer: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Officer: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Officer: \_\_\_\_\_ Date/Time: \_\_\_\_\_



Keizer Police Department  
PO Box 21000  
Keizer OR 97307-1000

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TO:

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