ALBANY POLICE DEPARTMENT

VACATION HOME WATCH REQUEST FORM

LOCATION TO BE CHECKED

NUMBER AND STREET	NEAREST CROSS STREET

RESIDENT'S NAME

LAST	FIRST	PHONE	EMAIL

DATES TO BE CHECKED (30-DAYS IS THE MAXIMUM ALLOWED)

DATE/TIME DEPARTING	DATE/TIME RETURNING (REQUIRED FOR APPROVAL)

EMERGENCY CONTACT

NAME	PHONE

PETS STAYING AT THE RESIDENCE

LIST OF PETS OR WRITE "NONE"

SECURITY MEASURES ALREADY TAKEN

ALARM	YES	NO	IF YES, LIST ALARM COMPANY AND PHONE:		
KEY ON FILE WITH PD	YES	NO			
LIGHTS ON	YES	NO	MAIL STOPPED	YES	NO
TIMERS	YES	NO	IF LIGHTS ON, LIST WHERE:		
PAPER STOPPED	YES	NO			

OTHER MEASURES TAKEN:

OFFICER SAFETY INFORMATION

ARE ANY FIREARMS STORED AT THIS LOCATION? (IF YES, PLEASE LIST BELOW) YES NO

PLEASE LIST FIREARMS STORED:

SHOULD THERE BE ANY VEHICLES AT THE RESIDENCE? (IF YES, PLEASE LIST BELOW) YES NO

COLOR	YEAR	MAKE	MODEL	LICENSE	LOCATION

WILL ANYONE ELSE BE COMING BY THE RESIDENCE? (IF YES, PLEASE LIST BELOW) YES NO

LAST NAME	FIRST NAME	PHONE

DO THEY HAVE KEYS? YES NO	PURPOSE OF THEIR VISIT

ARE THERE ANY BROKEN SCREENS OR WINDOWS? YES NO	LOCATION

ARE THERE ANY HAZARDS WE NEED TO BE AWARE OF? (IF YES, PLEASE LIST ON BACK)

YES NO

DEPARTMENT USE ONLY	DATE RECEIVED	FORM OF ID CHECKED
RIMS ENTRY	RECEIVED BY	

SEE REVERSE SIDE OF THIS FORM FOR MORE INFORMATION

You must submit this form in person with your ID reflecting Albany address in our lobby prior to leaving to your vacation.

Residents requesting the vacation home watch service should be aware that every reasonable effort will be made to inspect the vacant property during your absence. However, circumstance may not allow for checks to occur on any specific days or at all; daily property checks cannot be assured. Any community member seeking additional clarification concerning our potential inability to provide service is encouraged to contact the On-Duty Supervisor.

NOTE: FOR OUR OFFICER'S SAFETY, THE RESIDENCE WILL NOT QUALIFY FOR VACATION HOME CHECKS IF ANYONE WILL BE STAYING IN THE RESIDENCE DURING THE TIME OF THE CHECKS OR IF THE HOME IS VACANT DUE TO A SALE OR CONSTUCTION.

Please use this space to provide any other information for our officers:

I UNDERSTAND THAT HOUSE CHECKS WILL BE PERFORMED AS TIME AND VOLUNTEER STAFFING PERMITS. I HOLD THE MEMBERS OF THE ALBANY POLICE DEPARTMENT AND THE CITY OF ALBANY HARMLESS AND AGREE NOT TO FILE ANY TYPE OF CLAIM DUE TO DAMAGE THAT MAY OCCUR BECAUSE OF THE SERVICE REQUEST.

SIGNATURE _____

DATE _____