Vacation Watch Request Form

The Oak Forest Police Department will conduct periodic security checks to all residents who will be away from home and has no one staying or checking on your home while you are away.

Please fill in the Vacation Watch Request Form to request this check, and drop it off at the Oak Forest Police Department.

Homeowners please realize that the Police Department and the City of Oak Forest do not assume any liability from any loss or damage to your property during the specified period.

| IR Number: ______________________ (police only) | Taken By: ______________________ (police only) |
| Start of checks: __________ Example: 05/12/10 | End of checks: __________ Example: 05/19/10 |
| Full Name: __________________________ |
| Address: __________________________ |
| Telephone: __________________________ |
| Cell Phone: __________________________ |
| Email: __________________________ |
| Type of building: __ Residence __ Business __ Other |
| Alarm system: __ No __ Yes |
| Alarm type: __ None __ Audible __ Silent |
| Alarm Company: __________________________ |
| Alarm Company phone: __________________________ |
| Animals on premises: __ No __ Yes |
| Types of animals: __________________________ |
| Lights left on: __ No __ Yes | Light times: __ No __ Yes |
| Authorized cars on premises: |
| MAKE | MODEL | YEAR | COLOR | LICENSE NO. |
| __________ | __________ | __________ | __________ | __________ |
| __________ | __________ | __________ | __________ | __________ |
| __________ | __________ | __________ | __________ | __________ |
| List of authorized people on premises: |

________________________________________ |

Emergency contact: __________________________ |
Key to house: __ No __ Yes |
Address: __________________________ |

Telephone: _______________________
Please provide any additional comments on the back of sheet. I understand that the Oak Forest Police Department and the City of Oak Forest do not assume any liability from any loss or damage during the specified period and I waive and release them from any liability.

Signed: ___________________________ Date: ______________________