



# Transylvania County Sheriff's Office Vacation House Check Request

**\*\*Vacation House Checks will be done for 1 Month Only\*\***



Date of request \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Detailed Directions to Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Color of House: \_\_\_\_\_ Protected by Alarm System?  Yes  No

If yes, Name and Phone Number of Alarm Company: \_\_\_\_\_

Date Leaving: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Returning: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Vehicles Left on Premises: \_\_\_\_ Make \_\_\_\_ Model \_\_\_\_ Color \_\_\_\_ License #

\_\_\_\_ Make \_\_\_\_ Model \_\_\_\_ Color \_\_\_\_ License #

\_\_\_\_ Make \_\_\_\_ Model \_\_\_\_ Color \_\_\_\_ License #

**Please Answer Yes or No to the Following Questions**

\_\_\_\_ Broken windows or screens? Where? \_\_\_\_\_

\_\_\_\_ Doors unlocked? Where? \_\_\_\_\_

\_\_\_\_ Pets in yard? What type and how many? \_\_\_\_\_

\_\_\_\_ Service expected? Who & When? \_\_\_\_\_

Service Vehicle Description: \_\_\_\_\_

\_\_\_\_ Anyone to be in house at any time? Who & When? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Mail Stopped?

\_\_\_\_ Newspaper Stopped?

Other information: \_\_\_\_\_

Lights On:  Yes  No Constant:  Yes  No Automatic:  Yes  No

I Can Be Reached At →Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

*The following is/are authorized to enter and will be looking after my property, or in case of emergency, contact:*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Key to House  Yes  No

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Key to House  Yes  No

The undersigned does hereby grant and request the Transylvania County Sheriff's Office to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the County of Transylvania, the Sheriff, his employees and agents for any claim for personal injury, loss or damage to property that may be suffered by the undersigned, through any action or lack thereof, by a representative of the Transylvania County Sheriff's Office. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the Transylvania County Sheriff's Office, and will be provided only as time is available, and no guarantee is made nor assurance given against loss, theft or damage to premises.

Signed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_

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***Sheriff's Office Use Only***

Dates Checked	SV#s of Persons Checking	Conditions Observed
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____
_ / _ / _	by _____	_____