



16000 SE Misty Drive  
(503) 783-3800 Fax: (503) 658-5174  
Website: [www.happyvalleyor.gov](http://www.happyvalleyor.gov)

## Request for Residential Vacation Checks

(Three weeks maximum)

If you live within the City of Happy Valley, and would like to have vacation checks performed on your residence, please complete this form and submit to The City of Happy Valley at least 72 hours prior to your planned absence. *Please Print.*

### Personal Information

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Papers/Mail/Deliveries Stopped? YES / NO

Will any lights be left on? YES / NO Will lights be on a timer? YES / NO

If lights on, which rooms? (Example: front hallway, back bedroom, etc.)  
\_\_\_\_\_

Pets: YES / NO Type: \_\_\_\_\_ Indoor / Outdoor

Who will be caring for the animal(s)?  
\_\_\_\_\_

Does anyone have your permission to be on your premises? YES / NO

If yes, who? \_\_\_\_\_

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

**Vehicle Information** (Vehicles to be at the residence)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_  
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**Emergency Contact**

Have you let a neighbor, friend or relative know how to contact you in case of an emergency?

YES / NO Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Does this person have a key to your home? YES / NO

Do you have an alarm system? YES / NO Monitoring Company: \_\_\_\_\_

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

Please list any other information that you feel the Officer should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization and Waiver**

The undersigned does hereby grant and request the City of Happy Valley and its Officers to check upon the property listed above. The undersigned does hereby agree to hold harmless the City of Happy Valley; its 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 City of Happy Valley. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the City, will be provided only as time is available, and no guarantee is made nor assurance given against loss, theft, or damage to premises. The undersigned does hereby agree to secure the premises when leaving and take whatever security measures at his/her disposal to cooperate in preventing crime, fire or other incidents from occurring. The undersigned has noted any conditions that will assist the City staff during these checks and will notify the City of Happy Valley when he/she returns.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2015

BY:

\_\_\_\_\_  
*Signature*

<b>Department Use Only:</b> Accepted by: _____ Date: ___/___/___ Case # _____ District #: _____ Cross Street _____ Residence Check Performed: By: _____ ID# _____ Date: ___/___/___ Time: _____ AM / PM Condition Noted: _____ By: _____ ID# _____ Date: ___/___/___ Time: _____ AM / PM Condition Noted: _____ Notified of resident's return: Date: ___/___/___ Time: _____ AM / PM
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