

# HUBBARD POLICE VACATION HOUSE CHECK

*[Minimum of 4 days and a maximum of 30 days]*

Resident's Name[s]: \_\_\_\_\_

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

Date Leaving: \_\_\_\_\_ \*Date Returning: \_\_\_\_\_

**\*If you return earlier anticipated please call the office and let us know that you no longer require the vacation house check.**

Does the residence have an alarm system?  Yes  No

Will there be any animals left on the premises?  Yes  No

If yes, please describe the type and number of animals:

\_\_\_\_\_

\_\_\_\_\_

Name and phone number of person[s] responsible for their care:

\_\_\_\_\_

Any lights left on?  Yes  No

If yes, will they be on timers?  Yes  No

Time on: \_\_\_\_\_ Time off: \_\_\_\_\_ Location: \_\_\_\_\_

## **Vehicles left at residence:**

License plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Will someone have a key to the residence?  Yes  No

If yes, please list their name and phone number: \_\_\_\_\_

List any associated vehicles: \_\_\_\_\_

If there is no key holder, who can we contact in case of an emergency?

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Any other information you would like us to know about the residence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Mail or deliver this completed form to:**

Hubbard Police Dept.  
3720 2<sup>nd</sup> Street ~ PO Box 380  
Hubbard, OR 97032  
Phone: 503-981-8738  
Fax: 503-981-8743