

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 2nd Street ~ PO Box 380
Hubbard, OR 97032
Phone: 503-981-8738
Fax: 503-981-8743