

Long Beach Police

P.O. Box 795
Long Beach, WA 98631

lbpd@willapabay.org

Phone 360-642-2911
Fax 360-642-5273

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LONG BEACH POLICE DEPARTMENT Vacation House Check Request

Log Number: _____ Date of Request: _____

Name: _____ Phone#: _____

Physical Address: _____

Premises Color: _____

Date Leaving: _____ Date Returning: _____

Vehicles Left on Premises: Lic #: _____ Lic# _____

Lic #: _____ Lic #: _____

Protected by Alarm System (circle one) YES NO

If yes, type of alarm: _____

Lights on (circle one) YES NO Constant YES NO Automatic YES NO

I can be reached at: Name: _____

Address: _____ Phone: _____

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

Name: _____ Phone: _____

Address: _____

This party has a key to the property (circle one) YES NO

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The undersigned does hereby grant and request the City of Long Beach and its Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City, its employees and agents for any and all claims 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. Further, the undersigned understands and agrees that this is a voluntary, free service, 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 also agrees to notify the Police Department when he or she has returned.

Signed this _____ day of _____, 20 ____

By: _____

Address: _____

FOR OFFICIAL USE ONLY:

Identification of person making request verified by: _____