



Jackson County Sheriff - City of Shady Cove

VACATION CHECK FORM

Date of request: _____

Name: _____

Telephone: _____

Address: _____

Is house number visible from street: Yes No

If not, how can we identify your house: _____

Date Leaving: _____

Date Returning: _____

Is there a phone number you can be reached at during your absence?: _____

Person caring for home during your absence:

Name: _____

Living at premise: Yes No

Address: _____

Telephone: Yes No

Phone: _____

Keys to property: Yes No

Do you expect any people to be coming/going from your house:
(i.e. housecleaners, yard maintenance) _____

Lights on: Yes No Where: _____

Drapes: Open Closed Where: _____

Animals: Yes No Type: _____

Alarm: Yes No Company: _____
Telephone: _____

Vehicles: Yes No Year: _____ Make: _____

License No: _____

Garage Street Driveway

Comments: _____

The undersigned authorizes the Jackson CO Sheriff's Department to have officers or volunteer members to enter my property and visually inspect the house exterior. Should an open entry be found, the undersigned authorizes the Sheriff's Department to enter my house for further inspection. The Sheriff's Department will endeavor to secure the house and contact the owner or person caring for the house who is listed above. The undersigned understands and agrees that this is a voluntary free service and does not create a special duty upon the City. No guarantee is made nor assurance given against loss, theft or damage to premises. The undersigned agrees to hold harmless the City, its employees and agents for any all claims for personal injury, loss or damage to property that may be suffered through any action or lack thereof by a representative of the City.

Signature of homeowner: _____

PLEASE CALL THE SHADY COVE/SHERIFF'S DEPARTMENT AT (541) 878-3200 WHEN YOU RETURN