

**CITY OF BENTON, KY
VACATION HOUSE WATCH**

RESIDENT INFORMATION:	OTHER INFORMATION:
Name:	Date/Time Leaving:
Address:	Date/Time Returning:
Phone #:	Animals in House? Yes No
NEIGHBOR/RELATIVE INFORMATION:	VEHICLES LEFT AT HOUSE:
Person Watching House:	Make/Model:
Address:	License #:
Phone #:	Make/Model:
Do they have a key? Yes No	License #:
OTHERS WATCHING HOUSE:	LIGHTING/ALARMS:
Name:	Lighting on Timers? Yes No
Address:	Alarm System? Yes No
Phone #:	Motion Sensors? Yes No
Do they have a key? Yes No	

PARENTAL RELEASE

Check if applicable

I hereby request the City of Benton Police Department complete occasional checks on my home during this Vacation House Watch period. I authorize the City of Benton Police Department to conduct these checks on the well-being of my children who will be staying at the residence during my absence.

I realize and hereby release City of Benton Police Department from any claims for damages sustained at the above-mentioned residence while I am away from it and agree to not hold them liable if damages do occur.

Signature

Date

PLEASE CALL US WHEN YOU RETURN – 270.527.3126