



CITY OF EDGEWOOD

2224 104th Avenue East, Edgewood, WA 98372
Police Office: (253) 798-4960 Fax: (253) 798-4958
EdgewoodPD@cityofedgewood.org

RESIDENCE VACATION CHECK REQUEST

If you are an Edgewood resident, are planning to be away from home for at least 5 days but not more than 90 days, and would like the Edgewood Police to perform residence checks on your home and property in your absence, please complete this form and return to the Police Department at the address or fax number provided above at least 7 days before your scheduled departure. We are not able to accept requests made by telephone.

The information contained in this form will be used to perform an inspection of your property as City of Edgewood Police Department time and resources permit. There is no guarantee any check(s) will be performed or that loss, theft, or damage to property or persons will be prevented by submitting this form. If suspicious activity or other incident is observed at the property, you and/or the person listed as the emergency contact below will be notified. Please do not submit this form if you will have a house-sitter or other guest(s) staying at the property at any time and for any duration during your absence. Edgewood Police Department, as used throughout this form, shall mean any Pierce County Sheriff's Department Deputy carrying out duties or activities on behalf of the City of Edgewood.

Name: _____ Phone #: _____

Address: _____ Dates Gone: _____

Alarm Company: _____ Phone #: _____

Names and phone numbers of anyone coming to residence (i.e. housekeeping service, lawn care, pet care, mail pickup, etc.):

Vehicles at residence (include any that will be at residence for any reason):

Make: _____ Model: _____ Lic #: _____

Make: _____ Model: _____ Lic #: _____

Make: _____ Model: _____ Lic #: _____

Animals left at residence – farm or domestic (include description of animal(s) and location animals will be kept):

Other information Police Deputies should be aware of (ex. timed lighting, unique/unusual conditions at the property, etc.):

Emergency Contact – Name: _____ Phone #: _____

Name: _____ Phone #: _____

By submitting this form, I acknowledge this is a free and voluntary service provided by the Edgewood Police Department as time and resources permit, and therefore does not guarantee any particular frequency of vacation checks or that any checks will be performed, nor does it guarantee such checks will prevent any loss, theft or damage to property or any person. I further acknowledge this service does not create a special duty upon the City of Edgewood or the Edgewood Police Department. I expressly authorize the Edgewood Police Department to enter upon the property listed above to perform an inspection, and I agree to defend and hold harmless the City of Edgewood, its representatives, agents, employees, officials, contractors, and volunteers, from any and all liability, claims, suits, damages, injuries (including death), expenses, fees (including reasonable attorneys' fees), actions or rights of actions or judgments which in any way relates to or arises out of any action or lack thereof by the City of Edgewood in carrying out this service.

I acknowledge the City of Edgewood is a public agency subject to the Washington State Public Records Act (PRA), Chapter 42.56 RCW. This document is a public record, and I acknowledge this document and any of the personal information contained herein may be disclosed in response to a public records request, in accordance with the PRA.

Signature: _____ Date: _____

Signature: _____ Date: _____

