



**DOOR COUNTY
SHERIFF'S OFFICE**

TAMMY A. STERNARD, SHERIFF
Patrick McCarty, Chief Deputy
Robert Lauder, Patrol Lieutenant
Kyle Veeseer, Jail Lieutenant

Integrity – Professionalism – Fairness – Teamwork

Vacation Watch Request

- I affirm that I am the owner/legal occupant of the subject property.*
- I affirm the subject property will be vacant during the dates/times listed below.*
- I agree to notify the Door County Sheriff's Office, in advance, should I return earlier than anticipated.*
- I agree to notify the Door County Sheriff's Office, in advance, should anyone else be allowed to use or be present at the subject property while I'm away.*
- I request, and hereby authorize, that the Door County Sheriff's Office enter upon and check the subject property during my absence.*
- I understand that Vacation Watch is offered free by, and at the discretion of, the Door County Sheriff's Office ... and will be provided only if and as time, personnel and other resources allow.*
- I acknowledge that Door County, and its officers, officials, employees, agents and representatives, cannot and do not make any promises or guarantees as to the security and safekeeping of the subject property.*
- I hereby assume all risks associated with this request and hereby agree to indemnify, waive, release, and forever discharge Door County, and its respective officers, officials, employees, agents and representatives, from and against all actions, claims, costs, damages, demands, expenses, judgments, liabilities, losses, suits, and attorney's fees for any liability, claim or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of this request.*
- I have read and fully understand the above information, including the assumption of risk and waiver and release of all claims. This form must be fully completed and signed and dated by each requestor.*

Subject Property:

Address: _____

Owner / Occupant:

Name: _____ Date of Birth: _____

Land Line: _____ Cell Phone Number: _____

Email: _____

Date Leaving: _____ **Date Returning:** _____ (CAN BE NO MORE THAN 14-DAYS)

Will lights be on inside the residence? Yes No If yes:
Which room(s)? _____
Which direction does each light face? _____
 Lights on all the time Lights on a timer Time On _____ Time Off _____

Will there be any pet(s) left inside the residence? Yes No If yes:
Type and Name of each animal: _____
Name & Contact Information of caretaker: _____

Will there be any vehicle(s) in the driveway? Yes No If yes:
Year: _____ Make/Model: _____ Color: _____ License Plate: _____
Year: _____ Make/Model: _____ Color: _____ License Plate: _____
Year: _____ Make/Model: _____ Color: _____ License Plate: _____

Will anyone be checking on the residence? Yes No If yes:
Name: _____ Phone #: _____
Vehicle Year: _____ Make/Model: _____ Color: _____ License Plate: _____
Relation to Owner / Occupant: _____

Emergency Contact Name: _____ **Phone #:** _____

(Emergency contact must have a key for the residence)

Is there an alarm on the residence? Yes No If yes:
Monitoring Company's Name: _____ Phone #: _____
Has monitoring company been notified of the vacation? Yes No

Please provide any other information that you believe the Door County Sheriff's Office should be aware of:

Signature of Owner/Occupant

Date Signed