



# VACATION PROPERTY CHECKS REQUEST

*This program is available to City of Mason residents without charge. Under the program, the City of Mason will send a representative of the City to your residence, to periodically check the exterior of the property for signs of criminal activity or security breaches. Special checks can not be provided for the interior areas of the property. Remember to close and lock all doors and windows before you leave and arrange for packages to be delivered elsewhere while you are away.*

## **Applicant:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

## **Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Do they have keys?  Yes  No

## **Secondary Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Do they have keys?  Yes  No

## **Background:**

Will you leave any lights be left on during the duration of your time away? If yes, where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will any lights be on timers? If yes, please describe location and time lights will be active: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will be there be any vehicles in the garage and/or driveway? If yes, please describe location, make, model, year, and color of each vehicle: \_\_\_\_\_

\_\_\_\_\_

Will there be any animals on the property? If yes, please list whether they will be located inside or outside and name of pet: \_\_\_\_\_

Is anyone to be at the residence during the day?  Yes  No

Is anyone to be at the residence during the night?  Yes  No

Are there any repairs/work scheduled? If yes, please provide the names as well as the days and times of scheduled work: \_\_\_\_\_

Please specify any additional details of property check request: \_\_\_\_\_

*Please attach current, up to date pictures of the requested property to be checked.*

**I hereby certify that all the statements made in this request are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. I give permission to the City of Mason for a City representative to periodically check my property and to have access to my lot. I understand that the City of Mason is not responsible for any damage done to my property during the extent of my stay away.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Notified Applicant of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 7.9.18 (Police)