

## VACATION PROPERTY CHECKS REQUEST

This program is available without charge to City of Mason residents who will be away for at least seven days and have a known date of return. 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 <u>cannot</u> be provided for the interior areas of the property. Remember to close and lock all doors and windows before you leave and arrange for mail and packages to be delivered elsewhere while you are away.

Applicant:		
Name:	Phone:	
Address:	Mason, MI 48854 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 any lights be left on or on a timer during the duration of your time away? If yes, where?

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:

201 West Ash Street; Mason, MI 48854-0370 Office: 517.676.9155; Website: <u>www.mason.mi.us</u> Will there be any animals on the property? If yes, please list whether they will be located inside or outside and name of pet:

Will anyone be staying at the residence during the day or night?  $\Box$  Yes  $\Box$  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: \_\_\_\_\_Date: \_\_\_\_\_

For Office Use Only:	
Received by:	Date:
Approved by:	Date:
Notified Applicant of Approval:	Date:
201 West Ash Street; Mason, Office: 517.676.9155; Website:	

## **Property Check Log**

Date	<u>Time</u>	<u>Officer</u>	<u>Comments</u>
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