

DATE RECEIVED: _____
RECEIVED BY: _____
COMP ENTRY: _____

NAME: ADDRESS: PHONE:

☐ PHYSICAL CHECK ☐ OBSERVATION ONLY CHECK ☐ VACANT HOME OBSERVATION ONLY CHECK

DESTINATION: _____ PHONE: _____

PERSON HAVING ACCESS: ADDRESS: PHONE:

LOCAL EMERGENCY CONTACT: ADDRESS: PHONE:

PERSONS PERMITTED ON PREMISES:

DELIVERIES TERMINATED

HOUSEKEEPER: ☐ LANDSCAPER: ☐ WINDOW CLEANER: ☐ MAIL: ☐ PAPER: ☐

PAINTER: ☐ REPAIRMAN: ☐ OTHER: ☐ OTHER: ☐

YOUR VEHICLE(S) THAT WILL BE PARKED IN THE DRIVEWAY DURING YOUR ABSENCE (INCLUDE MAKE, COLOR, LIC PLATE #)

LIGHTS/TIMERS LEFT ON:

ADDITIONAL INFORMATION:

HOUSE ALARMED: YES: ☐ NO: ☐ ALARM COMPANY:

I / WE, _____ OWNER(S)/CUSTODIAN(S) OF _____ (ADDRESS)

UPPER ST. CLAIR TOWNSHIP, REQUEST THE UPPER ST. CLAIR POLICE DEPARTMENT TO CHECK THE ABOVE LISTED PROPERTY FROM _____ TO _____, DURING WHICH TIME I / WE WILL NOT BE PRESENT. I / WE HEREBY RELEASE UPPER ST. CLAIR TWP. AND ANY OF IT'S EMPLOYEES OF ALL LIABILITY FROM DAMAGE OR INJURY THAT I / WE MAY SUSTAIN IN MY / OUR REAL OR PERSONAL PROPERTY, BY REASON OF SAID INSPECTION, AND THINGS THAT MAY REQUIRE TO BE DONE PURSUANT THERETO.

SIGNATURE: _____

PHYSICAL (1 DAY – 14 DAYS)

OBSERVATION (1 DAY – 5 MONTHS)

PHYSICAL (15 DAYS – 5 MONTHS)

OBSERVATION (5 MONTHS +)

PHYSICAL (5 MONTHS +)

PHYS NOTES:

OBS NOTES:

[illegible]

08/2019