Chardon Police Department
111 Water Street
Chardon, Ohio 44024

Office (440) 286-6123
Fax (440) 286-2680
policerecords@cityofchardon.gov

VACATION HOUSE CHECK FORM

(PLEASE PRINT)

PLEASE CALL THE POLICE DEPARTMENT AT 440-286-6123 UPON YOUR RETURN.

Date of Request: _____

Name: _____ Telephone: _____

Address to be checked: _____

Is house number visible from street: ☐ No ☐ Yes Color of house: _____

Date Leaving: _____ Date Returning: _____

Person(s) caring for your home while you are away and/or Emergency contact:

1.) Name: _____ Telephone: _____

Staying at the premise: ☐ No ☐ Yes Has keys to the residence: ☐ No ☐ Yes

2.) Name: _____ Telephone: _____

Staying at the premise: ☐ No ☐ Yes Has keys to the residence: ☐ No ☐ Yes

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Lights on: ☐ No ☐ Yes If yes, are they on a timer: ☐ No ☐ Yes Where: _____

Alarm: ☐ No ☐ Yes Company: _____ Telephone: _____

Vehicle(s) left in drive: ☐ No ☐ Yes Year: _____ Make _____ License Plate _____

Year: _____ Make _____ License Plate _____

Comments: _____

_____

Please arrange for mail and newspaper pick-up.

The undersigned authorizes the Chardon Police Department to have officers enter onto my property and visually inspect the house exterior. Should an open door/window be found, the undersigned authorizes the police to enter my house for further inspection. The police will endeavor to secure the house and contact the owner or person caring for the house who is listed above. The undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the City, and will be provided depending upon weather and available time. No guarantee is made nor assurance given against loss, theft or damage to the premises. The undersigned agrees to hold harmless the City, its employees and agents for any and all claims for personal injury, loss or damage to property that may be suffered through any action or lack thereof by a representative of the City.

Signature of Homeowner: _____