



# Rollinsford Police Department

PO BOX 438 667 Main Street, Rollinsford, NH 03869

Tel: (603)742-8549 Fax: (603)749-2024

**Jonathan Uraskevich**  
Chief of Police

## Request for Residential Vacation Checks

If you live within Town of Rollinsford and would like to have vacation checks performed on your residence, please complete this form, and submit to The Rollinsford Police Department. *Please Print*

### Personal Information

Name: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Papers/Mail/Deliveries Stopped?  YES  NO

Will any lights be left on?  YES  NO Will lights be on a timer?  YES  NO

If lights on, which rooms? (Example: front hallway, back bedroom, etc.) \_\_\_\_\_

Pets?  YES  NO Type: \_\_\_\_\_  Indoor  Outdoor

Who will be caring for the animal(s)? \_\_\_\_\_ Phone: \_\_\_\_\_

Does anyone have your permission to be on your premises?  YES  NO

If yes, who? \_\_\_\_\_ Phone: \_\_\_\_\_

### Vehicle Information (Vehicles to be at the residence)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_ Location: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_ Location: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_ Location: \_\_\_\_\_

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(Continued on back)

**Emergency Contact**

Does a neighbor, friend or relative know how to contact you in case of an emergency?  YES  NO

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Does this person have a key to your home?  YES  NO

Do you have an alarm system?  YES  NO

Monitoring Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any other information that you feel the police should be aware of:

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**Authorization and Waiver**

The undersigned does hereby grant permission and request the Rollinsford Police Department and its Officers to visually check upon the property listed above. The undersigned does hereby agree to defend, indemnify, and hold harmless the Town of Rollinsford; its employees, and agents for any claim for personal injury, loss, damage to property or any other cost that may be suffered by the undersigned, through any action or lack thereof, by a representative of the Town of Rollinsford, in connection with this request. Further, the undersigned understands, acknowledges, and agrees that this is a voluntary, free service, that the service does not create a special duty or obligation on the part of the Town to the undersigned, that the service will be provided only as time is available, and the Town makes no guarantee nor provides any assurance to the undersigned against loss, theft, or damage to premises.

Further, the undersigned understands, acknowledges, and agrees that, due to limitations of time or resources or due to the need for police personnel to perform other tasks, it may be that no checks are conducted. The undersigned does hereby agree to secure the premises when leaving and to take whatever security measures at his/her disposal to cooperate in preventing crime, fire, or other incidents from occurring. The undersigned has noted any conditions that will assist the police during these checks and will notify the Rollinsford Police Department immediately when he/she returns. To the extent permitted by law, this information shall be confidential.

BY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

(Return completed form to Rollinsford Police Department)