

GOWANDA POLICE DEPARTMENT

VILLAGE OF GOWANDA

27 East Main Street
Gowanda, New York 14070



(716) 532-2020
Fax: (716) 532-3777

Property Check Request

DATE OF REQUEST: _____
Print Name(s) _____
Phone _____
Residence Address: _____
CL #: _____
(Police Department use only)
Date & time when house will be vacant _____
Date & time that you plan on returning home _____
Location and phone where you are staying _____
Or Cell Phone # _____

The following person(s) are authorized to enter the property, or in case of emergency contact:

1. NAME: _____ PHONE NUMBER: _____
ADDRESS: _____
OR
2. NAME: _____ PHONE NUMBER: _____
ADDRESS: _____

Does the above named party(s) have a key to the property: YES or NO(circle one)

NOTE: THIS FORM MUST BE BROUGHT TO THE Gowanda Police Department AND SIGNED
IN THE PRESENCE OF DEPARTMENT PERSONNEL

Type of Dwelling: Single Family Residence / Duplex

Describe vehicles or property left outdoors while on vacation:

1. Make _____ Model _____ Color _____ Yr _____ Lic# _____ State _____
2. Make _____ Model _____ Color _____ Yr _____ Lic# _____ State _____

Other Property: _____

Additional
Information: _____

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The undersigned does hereby grant and request the Village of Gowanda Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the Village of Gowanda; it's employees, and agents for any claim for personal injury, loss or damage to property that may be suffered by the undersigned, through any action or lack thereof, by a representative of the Village of Gowanda. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the Village, will be provided only as time or volunteer personnel is available, and no guarantee is made nor assurance given against loss, theft, or damage to premises.

SIGNED THIS _____ DAY OF _____ 20__

BY: _____ ADDRESS: _____

FOR OFFICIAL USE ONLY

Identification of person making request verified by:

*Original to be routed to OIC *Copy to be filed with Patrol

Alarm Information

Do you have an alarm system? YES/NO Name and phone for alarm company

Property Information

1. Do you have any broken doors or windows? YES NO If so, location _____
2. Do you have any torn screens? YES NO If so, location _____
3. Do you have timers on any indoor/outdoor lights? YES NO If so, where are they located and when do they turn on or off? _____
4. Will you stop your mail & newspaper delivery? YES NO If not, is someone collecting them for you? YES NO If yes, Name: _____ Phone: _____
5. Are pets in the house or yard? YES NO If so, type of pet and person caring for them?
Type of pet: Contact: Phone: _____