

**MINNEOTA POLICE DEPARTMENT**  
**129 E First St**  
**Minneota MN 56264**  
**Vacation House Check Request**

DATE OF REQUEST: \_\_\_\_\_

Print Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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 NO

**NOTE: THIS FORM MUST BE BROUGHT TO THE MINNEOTA 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: \_\_\_\_\_

\_\_\_\_\_

The undersigned does hereby grant and request the City of Minneota and the Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City of Minneota; 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 city of Minneota. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the city, 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 Police Chief \*Copy to be filed

**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. Do you want your backyard checked? YES NO (Locked gates will not be opened)

6. When are your sprinklers timed to turn on and off? \_\_\_\_\_

7. Are pets in the house or yard? YES NO

8. If so, type of pet and person caring for them?

Type of pet: \_\_\_\_\_

Contact: Phone \_\_\_\_\_