

OXFORD POLICE DEPARTMENT 121 South Sumner Oxford, Kansas 67119 (620) 445-3225

VACATION WATCH REQUEST OXFORD POLICE DEPARTMENT

Please provide as much information as possible -Drop form off at the City Building or Police Department

HOMEOWNER IN	FORMATION			
Name:		Phone Number:		
Address:				
Departure Date:		Return Date:		
PREMISE INFORMATION				
Protected by Alarm:	YES NO	Alarm Company:		
Lights on Timers:	YES NO	☐ Lights on Constantly: YES ☐	NO 🗌	
Cars on Driveway:	YES NO			
Color:	Make:	License Plate:		
Color:	Make:	License Plate:		
Persons on Premise (cleaning, landscape, etc.):				
		,		
EMERGENCY / CONTACT INFORMATION				
Contact Homeowner: YES NO Phone:				
Keyholder(s):	Name:	City: Phone:		
YES \square NO \square	Name:	City: Phone:		
OFFICE USE ONLY				
DATE TIME		COMMENTS	OFFICER	
			+	



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Waiver and Release of All Claims:

On behalf of myself individually, my/our family, and/or my/our respective heirs, successors, and assigns (hereinafter, "I/we", "my/our", or "me/us"), I/we:

- (1) recognize and acknowledge that the Oxford Police Department/City Of Oxford, Kansas its agents or employees cannot and do not guarantee the security of the subject premises.
- (2) voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that I/we may sustain as a result of such Vacation/House Watch services (hereinafter "such services") and/or my/our request for such services relative to the subject premises.
- (3) agree to waive and relinquish all claims I/we may have (or which may accrue to me/us) against the releases as a result of such services and/or my/our request for such services from the Oxford Police Department/City of Oxford its agents or employees.
- (4) do hereby fully release and forever discharge all of said releases from any and all claims for injuries, damages, or loss that I/we may sustain or which may accrue to me/us arising out of, connected with, or in any way associated with such services and/or my/our request for such services.

With the submission of this form, I affirm that I have read and fully understand the above information, assumption of risk and waiver and release of all claims.

Home Owner Signature	Date