



CITY OF SUBLIMITY VACATION NOTIFICATION FORM

(21 Day Maximum)

If you live within the City of Sublimity and would like to have vacation checks performed on your residence by the Marion County Sheriff's Office, please complete this form and submit it to Sublimity City Hall. You must notify City Hall immediately if departure or return times change.

Print Name(s):				Date of Request:	
Home address:					
Home Phone:		Email:			
Number(s) you can be reached at while away		Cell:	te:		
Date & Time Home will be vacant		arture Da rn Date:	te:		
Emergency contact information while you are gone (for officer to contact if need be)	Nam	ne: tact Phon	e:		
Do you have an alarm system?			•	s the system monitored? □Yes □No □ company:	
Do you have any broken doors/windows? □Yes □No		If yes, where?			
Do you have any torn screens? □Yes □No		If yes, where?			
Are there indoor/outdoor lights to be left on? □Yes □No	co l	If yes, wh	ere are t	hey located?	
Do you have timers on any indoor/outdoor lights?		If yes, wh	ere are t	hey located and when do they turn on and off?	

vard?	house or If yes, what typ	e of pet and person are caring for them?	
Yes □No			
The following person(s) are authorized to enter th	e property or in case of emergency contact:	
Print Name(s):		Phone:	
Home address:			
Does the above named p	arty have a key to the propert	y: □Yes □No	
Any additional information		,	
,			
		loyees and agents for any claim for personal injury,	
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