THE TOWN OF WOODWAY

23920 113th Place W. · Woodway · WA 98020
206.542.4443 · 206.546.9453 fax
http://www.townofwoodway.com/permits/development.htm

Date Received:

POLICE DEPARTMENT HOUSE CHECK REQUEST

Name:		
Address:		
Phone Number:		
Key Left With:		
Address:		
Phone Number:		
Caretaker: (Lawn, Flowers, Pets, Etc.)		
Phone Number:		
Will Be At:	Phone Number:	
Date Leaving:	Date Returning:	
Cracked Glass Or Defective Locks:		
Vehicle(s) Left On Property:		
Drapes: ☐ Open ☐ Closed	Lights On: ☐ No ☐ Yes:	Alarm System: ☐ Yes ☐ No
Other Information:		

I understand and acknowledge that a police house-check consists of a drive-by on an occasional basis and is not a guarantee of safety or security of my house. This police house-check does not create a special duty of the Town and the house is not under the care, custody, or control of the Town, therefore I hereby release and hold the Town harmless from any and all claims arising from this agreement.

Signature _____ Date _____

POLICE DEPARTMENT USE ONLY

Date	Time	Officer	Comment