

RESIDENCE SECURITY CHECK

TOWN OF RUSTON, POLICE DEPARTMENT 5117 N. WINNIFRED STREET, RUSTON, WA 98407, 253-761-0272

Date:	Case #:				
Owner's Name:					
Address:					
General information:					
Lights:	On Timer	K	Left w	ith Responsible	e Person:
Name of Responsible person:		Phone #:			
	1				
-	2				
List any Vehicles left at property:					
List any Vehicles left at property:	License #	Year	Make	Model	Color
	2.				
	2License #	Year	Make	Model	Color
	3				
	License #	Year	Make	Model	Color
Any animals left at property: \square Y	es				
			Yes, Please Expla		
Additional Information:					
I (we) request the Ruston Police Dep	artment to check ou	ır 🔲 residen	ce apartmen	t Dusiness, v	while we are
away from to l	(we) authorize the	Police Depar	rtment and their	authorized rep	resentatives
to enter upon our property to physica necessary to safeguard my (our) prop	•	ty at said loc	ation and take t	he appropriate a	action
necessary to safeguard my (our) prop	erty.				
I (we) hold the Town of Ruston, and			•	-	
authorized representatives harmless finvolved in their official duties in ord	•		perty that may o	occur while they	are

The Vacation House Check/Inspection Program is a service offered by the Ruston Police Department, provided on a periodic basis, subject to manpower availability and the demands of calls for service. Therefore, there is no guarantee, implied or expressed, what-so-ever, that your property will not be damaged, or that you will not sustain a loss while you are away. The Ruston Police Department, it's employees, agents and representatives, do not accept any responsibility or liability what-so-ever, should damage occur to said property while assigned to this Vacation House Check/Inspection Program.

I have read, understand, and do agree to the above warning.	
Signed: Print Name:	Date:

DATE	TIME	OFFICER	COMMENTS