



# Kearny Police Department

## Vacant House Check Form and Release of Liability

Address of requested House Check \_\_\_\_\_

***\*\*Please carefully read the following Release of Liability for house checks of your home. Be sure you fully understand its contents before signing. If the property is jointly owned or rented, signatures of all owners/renters are required.***

I/We, the undersigned, have requested the Kearny Police Department to provide a check of my/our **vacant** premises during the period of \_\_\_\_\_ to \_\_\_\_\_. I/We understand that this service will be provided on a **“periodic”** basis. Further, I/We acknowledge and recognize that the Kearny Police Department cannot guarantee that I/we or my/our property will not suffer any injury. I/We further acknowledge that I/we have established no special relationship, nor is there a special duty owed to me/us by the Kearny Police Department and/or the Town of Kearny. In consideration of the Kearny Police Department performing this vacant house check, I/we do hereby release, acquit, forever discharge and hold harmless the Town of Kearny, it’s police officers, employees, agents, assignees and successors from any and all liability for any and all claims of damages, demands, and causes of action that exist or could arise, or other remedies against the Town of Kearny, it’s officers, employees, agents, assignees and successors as a result of any damage or other incident to or on my/our property by third persons during the period of \_\_\_\_\_ to \_\_\_\_\_.

**Owner/Renter Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*If applicable:*

**Owner/Renter #2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### House Check Emergency Contacts

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

### Additional Key Holders

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

### Alarms (if applicable)

Alarm Company:	Alarm Company Phone #:
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### Additional Information

Yes	No	
		Pets on property?
		Fences/gates locked?
		Cars in garage/driveway? (If yes, please provide description below)
		Newspaper and mail stopped?
		Does anyone have permission to be on the property? (If yes, list below)
		Are any lights on inside/outside? Any on timer?
		Are there any previously broken/damaged windows or doors?
Miscellaneous/additional information:		

#### **KEARNY POLICE DEPARTMENT USE ONLY:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_