



## VACATION WATCH REQUEST

Please return your completed form to the  
Maple Valley Police Department in person, by mail, or fax:  
22017 SE Wax Road, Suite 100, P.O. Box 320, Maple Valley, WA 98038  
Fax: 425-413-5011

NAME OF HOMEOWNER: \_\_\_\_\_ START DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ END DATE: \_\_\_\_\_

VEHICLES LEFT  
=N 8F J 9K 5M  
\_\_\_\_\_  
(COLOR/MAKE/MODEL) (COLOR/MAKE/MODEL)

LIGHTS LEFT ON:  FRONT PORCH  OTHER LOCATIONS: \_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

PERSONS ALLOWED ON PREMISES: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ *Indicates able to disarm/reset alarm:*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I AGREE TO HOLD HARMLESS THE CITY OF MAPLE VALLEY, THE MAPLE VALLEY POLICE DEPARTMENT AND ALL THEIR RESPECTIVE STAFF AND EMPLOYEES FOR ANY AND ALL CLAIMS FOR PERSONAL INJURY, LOSS OR DAMAGE TO PROPERTY THAT MAY BE SUFFERED BY ME THROUGH ANY ACTION OF LACK THEREOF BY A REPRESENTATIVE OF THE CITY OF MAPLE VALLEY. I ALSO UNDERSTAND THAT THIS FREE SERVICE DOES NOT CREATE A SPECIAL DUTY UPON THE CITY OR ITS POLICE DEPARTMENT, AND IS PROVIDED ONLY AS TIME IS AVAILABLE. I UNDERSTAND THAT NO GUARANTEE IS MADE NOR ASSURANCE GIVEN AGAINST LOSS, THEFT OR DAMAGE TO THE PREMISE OR PROPERTY.

(YOUR INITIALS OR SIGNATURE IS REQUIRED) \_\_\_\_\_