**Vacation Home Check Request**

*Requests will be processed during normal business hours (M-F, 8 AM – 4 PM).*

*Requests received outside of those hours will be processed the next business day.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Date/Time Information Received: |       | at  |       | Hours. |
|  |  |  |  |  |  |  |  |
| Information received by: |       |  |      |  |
|  |  |  | name |  | dpsst |  |
| Names of Residents: |       |  |       |  |
|  |       |  |       |  |
|  |  | name |  | phone |  |
| Address: |       |
| City: |       |
| Zip Code: |       |
|  |  |  |  |  |  |  |  |  |
| Email (required if they want a report): |       |
|  |  |  |  |
| Date Leaving: |       |  Date Returning: |        |
|  |  |  |  |
| Authorized Daytime Visitors: | 1. |       |  | 2. |       |
| *(NOTE: If visitors will*  |  | name  |  |  | name |
| *be overnight, a home*  | 3. |       |  | 4. |       |
| *check cannot be done)* |  | name |  |  | name |
|  |  |  |  |  |  |
| Authorized  | 1.  |       |       | 2. |       |       |
| Vehicles Left: |  | make  | plate |  | make | plate |
|  | 3. |       |       | 4. |       |       |
|  |  | make | plate |  | make | plate |
| Emergency Contact: | 1. |       |  |       |  |
|  |  | name |  | phone |  |
|  | 2. |       |  |       |  |
|  |  | name |  | phone |  |
|  |  |  |  |  |  |

Special Notes:

|  |  |
| --- | --- |
| [ ]  | I hereby grant authorization to the Multnomah County Sheriff’s Office to enter and remain upon the above listed property, including locked or fenced areas, for purposes of conducting a security check of the premises. |
|  |  |
| [ ]  | I hereby grant authorization to the Multnomah County Sheriff’s Office to act as my agent for the purposes of excluding individuals from, and enforcing trespass laws at the address and during the dates listed on this form.Deputies of the Multnomah County Sheriff’s Office will be considered “Persons in Charge” as defined by ORS 164.205(5) when taking action on the above listed premises. Individuals committing Criminal Trespass or any other crime on the above property may be arrested. I understand that enforcement action will be carried out at the peace officers’ discretion.Myself or a person whom I appointed will respond to any and all subpoenas and subsequent court appearances as required to prosecute violations. |
|  |  |
| [ ]  | Keep information private (sometimes media will inquire) |
|  |  |
| [ ]  | I hereby request a report detailing Multnomah County Sheriff’s Office activity pertaining to this vacation home check request. A report will be provided within 5 business days of the return date. Please provide an email address to receive the activity report:       |
|  |  |
| [ ]  | I understand that the Multnomah County Sheriff’s Office will only provide vacation home checks for a maximum of four consecutive weeks during a six month period.  |
|  |  |
| [ ]  | I understand that the Multnomah County Sheriff’s Office cannot provide vacation home checks when overnight guests will be staying at the residence. |

Please email form to VacationHomeCheck@mcso.us