

CITY OF CROSSLAKE
CROSSLAKE POLICE DEPARTMENT
CROSSLAKE, MN 56442

PROPERTY WATCH REQUEST AND WAIVER

I, the undersigned, so hereby notify the Police Department of the City of Crosslake, Minnesota that the property named herein will be vacant for the period of time specified below and request the Police Department to notify me, if possible, of any occurrences of an unusual or suspicious nature which may occur on or at said property.

I, the undersigned, do also understand that any such occurrences are beyond the control of the Police Department and expressly relieve said Department from any responsibility for said property, buildings, contents of said property of buildings or any encumbrances thereon, fully knowing that said Department has no implied responsibility for either scheduled or unscheduled physical checks of said property.

NAME: _____

ADDRESS: _____

RESIDENCE PHONE: _____ CELL PHONE: _____

CARETAKER/KEYHOLDER: _____

PHONE NUMBER OF CARETAKER/KEYHOLDER: _____

DATES ABSENT: FROM _____ TO _____

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM ENTIRELY.

SIGN _____ DATE _____