

**MIDDLEPORT POLICE DEPARTMENT**  
**VACATION HOUSE CHECK FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Cell

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

Emergency or local call out: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Cell

Dates watched: \_\_\_\_\_ through \_\_\_\_\_

Keys available: Y N With whom: \_\_\_\_\_ Phone: \_\_\_\_\_

Animals: Y N

Cars in driveway: Model: \_\_\_\_\_ Plate: \_\_\_\_\_

Model: \_\_\_\_\_ Plate: \_\_\_\_\_

Model: \_\_\_\_\_ Plate: \_\_\_\_\_

Lights on Timer: Y N – If so, where: \_\_\_\_\_

People with Permission to be on Premise: \_\_\_\_\_ Vehicle: \_\_\_\_\_

\_\_\_\_\_ Vehicle: \_\_\_\_\_

I, \_\_\_\_\_, consent and allow the Middleport Police Department to trespass and examine my property during the above stated dates.

I request the officers to make entry into my home for investigative purposes only in the event that they develop credible information or evidence the home or its attachments have been compromised in any way during my absence and I request that I be notified prior to such entry. I further consent and allow the Niagara County Sheriff's Office to be present as well in the event that the investigation is referred to this agency for assistance with crime scene identification.

This voluntary consent may be revoked by the undersigned either by written or verbal communication at any time or shall revoke at 23:59:59 hours on the last date listed above.

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date