Form must be signed. Return this signed form to the police department, do not email.

House Check Request

Name:
Address:
Phone: Date Leaving: Date Returning:

Person to notify in case of emergency, or where you can be reached while you are away:

Name	Address	Phone Number

#1 -

#2 -

Lights on? Yes ☐ No ☐ Animals left? Yes ☐ No ☐ Auto Make: Color:

HOLD HARMLESS AND INDEMNIFICATION DISCLAIMER. Resident hereby agrees to indemnify, defend and hold harmless the City of Rockledge, Florida, its Mayor, members of the City Council, officers, employees and agents (both in their individual and official capacities) from and against all claims, damages, suits, causes of actions and expenses, including reasonable attorney's fees and costs.

Name: Date:

Information below to be filled out by Rockledge Police Department Employees

Above information received by:

Name: ID#:

Date Checked and ID#	Date Checked and ID#	Date Checked and ID#