

**LUDLOW POLICE
VACATION HOUSE WATCH FORM**

RESIDENT'S NAME: _____ CELL PHONE #: _____

ADDRESS: _____

HOUSE VACANT FROM: _____ TO: _____

LIGHTS ON:

Outside: No Yes On Constant On Timer*

Inside: No Yes On Constant On Timer*

*If using timer(s), please indicate location(s) within the home (ex. Living Room, Front Bedroom):

VEHICLES IN DRIVEWAY:

Make: _____ Color: _____ License Plate: _____ State: _____

Make: _____ Color: _____ License Plate: _____ State: _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

COMMENTS:

The undersigned Acknowledges that the Ludlow Police Department Vacation House Watch Program is voluntary and not contractual; that participation in the program does not assure any particular level of police protection; that such participation does not create any special duty toward the undersigned on the part of the City of Ludlow, its officers or agents; and that the undersigned holds the Ludlow Police Department harmless for any claims arising out of any nature occurring on or about my property while I am away.

Dated this _____ day of _____, _____.

Signature of Homeowner/Agent