

DAYTON POLICE DEPARTMENT

SECURITY CHECK WAIVER OF LIABILITY

I, the owner, renter or caretaker of the below listed property, request security checks of said property to be conducted by the Dayton Police Department. The length of time requested is listed below, and I understand the importance of notifying the Dayton Police Department should this time be shortened or changes take place either to the property's care or occupancy. While I understand the value of this service provided to the community by the Dayton Police Department, by signing below I also acknowledge the responsibility still incumbent upon me as the property's owner/renter/caretaker, and further acknowledge the points outlined below in reference to my request:

1. The Dayton Police Department is a strong proponent of home security and recommends using all methods of crime prevention including, but not limited to; locking all windows and doors, exterior motion sensor and security lighting, alarm systems, and neighborhood watch. The Dayton Police Department is also willing to perform a home security and personal safety assessment and provide recommendations for improving the property's security. I understand that requesting this assessment in no way obligates me to initiate those measures suggested, nor does the Town of Dayton's providing it impose any liability upon the Town of Dayton or its employees, agents or officials, and failure to implement those suggestions does not exclude me from the security check service provided by the Dayton Police Department.
2. The Dayton Police Department is a 24 hour 7 day per week operation that provides full police service to the Town of Dayton and I understand that there may be times when security checks may not be completed during a shift. I further understand that neither the Town of Dayton nor any of its employees, agents or officials undertakes any legal duty to perform security checks or to perform such checks using reasonable care: security checks may not be performed or may be performed in cursory manner: the security of your home remains your responsibility.
3. I understand that it is imperative, for Officer and Citizen Safety, that I notify the Dayton Police Department **immediately**, day or night, when I return to this property. I also understand that for the same reasons, it is required that I disclose the name and information requested below for anyone who may be in the property during the time frame for which I've requested security checks.
4. I understand that all applicable information is to be filled in, and this form is to be signed and dropped off in person at the Dayton Municipal Building before any security checks can begin on the below listed property.

5. By virtue of signing below, I release and will hold the Town of Dayton, the Dayton Police Department and all Town employees, officials and agents blameless in the event that damage, fire, unlawful entry, burglary, vandalism or any other event occur or should befall this property while it is under the security check agreement time frame. I further agree that I shall not hold any of the entities mentioned herein liable for monetary, structural, or other loss encountered during the security check agreement time frame indicated below.

Signature of Requestor: _____ Date: _____ Owner? Yes No

Full Name:		Phone #
Address:		Alarmed <input type="checkbox"/> Yes <input type="checkbox"/> No
Request security checks be made from : _____ through _____		
Reason for Patrol: <input type="checkbox"/> Property will be Vacant <input type="checkbox"/> On Vacation <input type="checkbox"/> Other:		
Type of Premises: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Other:		
Lights on: <input type="checkbox"/> Y <input type="checkbox"/> N	Will keys be left with anyone or will anyone be accessing the property during this time	
Constant? : <input type="checkbox"/> Y <input type="checkbox"/> N	frame for any reason? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Enter their information in "A" on page 2	

Please proceed to page 3 to fill in additional information, some information will be repetitive.

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SECURITY CHECK FORM

Property to be checked:

Duration of Security Check Request: Starting: Ending:

Full Name:		Phone #
Address:		Alarmed <input type="checkbox"/> Yes <input type="checkbox"/> No
I <input type="checkbox"/> do <input type="checkbox"/> do not wish to be contacted in case of emergency. If you do, what number:		
Reason for Patrol: <input type="checkbox"/> Property will be Vacant <input type="checkbox"/> On Vacation <input type="checkbox"/> Other:		
Type of Premises: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Other:		
Lights on: <input type="checkbox"/> Y <input type="checkbox"/> N Will keys be left with anyone or will anyone be accessing the property during this time Constant? : <input type="checkbox"/> Y <input type="checkbox"/> N frame for any reason? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Enter their information in "A" below:		
A. Name:		Phone number:
Vehicle Information: Make:	Model:	Reg. #
Any additional pertinent information:		

SECURITY CHECK RECORD

DATE	TIME	NOTES	OFFICER #

IF MORE SPACE IS NEEDED, USE SECURITY CHECK RECORD SUPPLEMENT FORM