Richmond County Sheriff's Office
Vacation House Watch

ALL VACATION HOUSE CHECKS ARE: LIMITED TO TWO (2) WEEKS AND SUBJECT TO OFFICER AVAILABILITY

Address: _____ Zone: _____

Name: _____ Telephone #: _____

House Vacant From: _____ To: _____

Lights? **Inside:** ☐ Yes ☐ No ☐ On Timer ☐ On Constant
Outside: ☐ Yes ☐ No ☐ On Timer ☐ On Constant

Alarm? ☐ No ☐ Yes, alarm company telephone #: _____

Cars on Property? ☐ No ☐ Yes ☐ In Garage ☐ On the Driveway

Make: _____ Color: _____ Tag #: _____
Make: _____ Color: _____ Tag #: _____

Is a house key with a neighbor or a friend? ☐ No ☐ Yes

Name: _____ Telephone #: _____
Address: _____

If we observe anything unusual, whom should we contact?
Name: _____ Telephone #: _____

Where can you be reached while the house is unoccupied?

Area code & Telephone #: _____

Are there any pets on the premises? ☐ No ☐ Yes

Description & Location: _____

Email Address: _____

THE UNDERSIGNED ACKNOWLEDGES THAT THE RICHMOND COUNTY SHERIFF'S OFFICE 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 RICHMOND COUNTY SHERIFF'S OFFICE, ITS OFFICERS OR AGENTS; AND THAT THE UNDERSIGNED HOLDS THE RICHMOND COUNTY SHERIFF'S OFFICE HARMLESS FOR ANY CLAIMS ARISING OUT OF ANY NATURE OCCURRING ON OR ABOUT OUR PROPERTY WHILE WE ARE ON VACATION.

DATED THIS _____ DAY OF _____, _____.

_____
SIGNATURE OF HOMEOWNER/AGENT

Form can be submitted by the following means:

Fax: **706-821-1213** (Augusta 911 Center)
Email: **RCSOVacationwatch@augustaga.gov**
Mail: **Augusta 911 Center**
911 4th Street Augusta, GA 30911

For more information call **706-821-1080**

Submit