

PORT GAMBLE S'KLALLAM  
DEPARTMENT OF PUBLIC SAFETY  
31912 NE LITTLE BOSTON RD.  
KINGSTON, WA. 98346  
(360) 297-6333 FAX (360) 297-4452



### Vacation House Check Form

Date of Request: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Vehicles left on premises: \_\_\_\_\_ License: \_\_\_\_\_

License: \_\_\_\_\_

Alarm System? (Check one) YES NO If yes, Type of Alarm: \_\_\_\_\_

Radio left on? (Check one): YES NO

Lights On? (Check one) YES NO Constant? YES NO - Automatic? YES NO

Destination: \_\_\_\_\_ Phone: \_\_\_\_\_

The following person is authorized to enter and will be looking after my property or, to be contacted in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

This party has a key to the property? (Circle one) YES NO

The Undersigned does hereby grant and request the Port Gamble Department of Public Safety to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the Department of Public Safety, its employees and agents for any and all claims for personal injury, loss or damage to property that may be suffered by the undersigned through and action or lack thereof by a representative of Port Gamble Tribe. I will contact the Port Gamble Police department if I return home before my described date listed above. Further, I understand that my property will not be checked after the date I have designated as my return date.

By: \_\_\_\_\_

Print

Signature

Date