



Benjamin R. Bailey
Chief of Police

LISBON POLICE DEPARTMENT

46 SCHOOL STREET
LISBON, NH 03585



Business Telephone: 603-838-6712
Emergency Telephone: 911
Fax: 603-838-5502

House Check

Release of Liability

****Please carefully read the following Release of Liability for a house check on your home. Be sure you fully understand its contents before signing. If the property is jointly owned or rented, signatures of all owners/ renters are required. Also, during the winter months, the Lisbon Police Department requires driveways and/or accessways to be plowed/sanded (passable) in order to perform a house check.****

I/We, the undersigned, have requested the Lisbon Police Department to provide a house check of my/our premises during the period of _____ to _____. I/We understand that this service
START DATE END DATE
will be provided only on a "when-available" basis. Further I/we acknowledge and recognize that the Lisbon Police Department cannot guarantee that I/we or my/our property will not suffer any injury. I/We further acknowledge that I/we have established no special relationship, nor is there a special duty owed to me/us by the Lisbon Police Department and/or the Town of Lisbon/Landaff. In consideration of the Lisbon Police Department performing this house check, I/we do hereby release, acquit, forever discharge and hold harmless the Town of Lisbon/Landaff, its officers, employees, agents, assigns, and successors from any and all liability for any and all claims of damages, demands, and causes of action that exist or could arise, or other remedies against the Town of Lisbon/Landaff, its officers, employees, agents, assigns and successors as a result of any damage or incident to or on my/our property by third persons during the period of _____ to _____.
START DATE END DATE

Owner/Renter: _____

Address: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Date: _____

Signature: _____

Owner/Renter 2: _____

Address: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Date: _____

Signature: _____

NOTE: The Lisbon Police Department requires owners or its agents to notify the Lisbon Police Department of their return to the residence at 1-603-838-6712 or in writing to 46 School Street, Lisbon NH 03585.

Address of House Check: _____

House Check Beginning Date: _____

Date of Return: _____

Emergency Contact Person (Name, Address, Telephone): _____

Yes	No		Yes	No	
		Pets in yard?			Newspaper stopped?
		Fence/gate locked?			Mail stopped?
		Any broken windows/glass?			Notified neighborhood watch?
		Cars in garage/driveway? If yes provide description below.			Anyone to be on property (gardener, maid, etc.)? If yes, list below.
		Do you have a security alarm?			Lights on inside/outside? Any on timer?

Miscellaneous/additional information:

Police	Department	Use
Only:		
Officer Checks		
Date: _____	Time: _____	Officer: _____
Remarks: _____		
Date: _____	Time: _____	Officer: _____
Remarks: _____		
Date: _____	Time: _____	Officer: _____
Remarks: _____		
Police Department Use		
Only:		
Received by: _____	Date: _____	Time: _____ Assigned Area: _____

Address of House Check: _____

House Check Beginning Date: _____

Date of Return: _____

Emergency Contact Person (Name, Address, Telephone): _____

Police	Department	Use
Only:		

Officer Checks

Date: _____ Time: _____ Officer: _____

Remarks: _____

Date: _____ Time: _____ Officer: _____

Remarks: _____

Date: _____ Time: _____ Officer: _____

Remarks: _____

Date: _____ Time: _____ Officer: _____

Remarks: _____

Date: _____ Time: _____ Officer: _____

Remarks: _____

Date: _____ Time: _____ Officer: _____

Remarks: _____

Police	Department	Use
Only:		

Received by: _____ Date: _____ Time: _____ Assigned Area: _____