

## VILLAGE OF BELLPORT HOUSE CHECK REQUEST

DATE:	Resident/Owners Name:
Address:	
Emergency Phone Number to co	ntact you:
Email Contact:	
Date Leaving:	Date Returning:
Are you leaving keys with anyone	e?
If Yes, Name & Phone number: _	
Will you leave cars in the drivewa	ay? YES NO
Description of Cars/ License Plate	e Number:
Are you leaving lights on? YES	NO Lights on Timer? YES NO
Location of Lights that are left on	1
Are you stopping mail? YES	NO Are you Stopping Newspaper Delivery? YES NO
Are you expecting any maintenar	nce people? if yes please list Names:
Resident/ Owner(s) acknowledge	e, understand and agree:
any kind: The resident/owners(s) officers, employees or represent	promises or assurance to the owner(s); The Village has assumed no affirmative duty of (is) (are) not relying on any undertaking of any form by the Village; Village agent, atives cannot enter the dwelling; No Village agent, officer employee or representative e on a public street incident to any inspection of a residence.
	liability incident to house checks, the owner(s) (is) (are) fully aware of risks to the ny claim against the Village, its agents, officers, employees and representatives for any
Resident/Owners	