



# LISBON POLICE DEPARTMENT

46 SCHOOL STREET

LISBON, NH 03585



Benjamin R. Bailey  
Chief of Police

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 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 \_\_\_\_\_.

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:

<b>Police Department Use</b> <b>Only:</b>	<b>Officer Checks</b>
Date: _____ Time: _____	Officer: _____
Remarks: _____ _____	_____ _____
Date: _____ Time: _____	Officer: _____
Remarks: _____ _____	_____ _____
Date: _____ Time: _____	Officer: _____
Remarks: _____ _____	_____ _____
<b>Police Department Use</b> <b>Only:</b>	
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	Officer Checks		
Only:					
Date: _____	Time: _____	Officer: _____			
Remarks: _____	_____	_____			
_____	_____	_____			
Date: _____	Time: _____	Officer: _____			
Remarks: _____	_____	_____			
_____	_____	_____			
Date: _____	Time: _____	Officer: _____			
Remarks: _____	_____	_____			
_____	_____	_____			
Date: _____	Time: _____	Officer: _____			
Remarks: _____	_____	_____			
_____	_____	_____			
Date: _____	Time: _____	Officer: _____			
Remarks: _____	_____	_____			
_____	_____	_____			
Police	Department	Use	Received by: _____ Date: _____ Time: _____ Assigned Area: _____		
Only:					