



Municipal District of Bonnyville
Public Safety Department
Property Check Release of Liability



****** Please carefully read the following Release of Liability for a vacant 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.***

I/We, the undersigned, have requested the Municipal District of Bonnyville Public Safety Department to provide a property/ out buildings/ home 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 Municipal District of Bonnyville Public Safety Department cannot guarantee that I/we or my/our property will not suffer any injury or loss. I/We further acknowledge that I/we have established no special relationship, nor is there a special duty owed to me/us by the Municipal District of Bonnyville Public Safety Department and or the Municipal District of Bonnyville. In consideration of the Municipal District of Bonnyville Public Safety Department performing this property check, I/we do hereby release, acquit, forever discharge and hold harmless the Municipal District of Bonnyville, 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 Municipal District of Bonnyville, its officers, employees, agents, assigns and successors as a result of any damage or other incident to or on my/our property by third persons during the period of _____ to _____.

Signature

Date



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Name: _____ Phone #: _____

Print Name

Address: _____

Date Leaving: _____ Date Returning: _____

Resident must notify Public Safety Office upon return

Alarm System: Yes No Alarm Company: _____

Phone #: _____

Emergency Contact Information (Who should the Officer call to confirm there is a problem?)

Name: _____ Phone # _____ Has Key: Yes No

Name: _____ Phone # _____ Has Key: Yes No

Name: _____ Phone # _____ Has Key: Yes No

Vehicles:

Location: _____ Make/Model: _____ Colour: _____

Location: _____ Make/Model: _____ Colour: _____

Location: _____ Make/Model: _____ Colour: _____

Lights:

Will the property have any lights left on? If yes explain. Yes No



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Will anyone be at the property caring for pets, plants, etc.? What time of day will they be at the house?

If yes explain. Yes No

Additional Comments:

Signature of home owner/occupant

Date

If you come home early or expect to have someone stay at the house, please call **780-812-3332** to advise.

Office Use Only:

File Number: _____

Ward: _____

Area: _____