C.A.P.S. VACATION REQUEST FORM

NAME: _____

ADDRESS: _____

EMERGENCY CONTACT: _____PHONE: _____

VACATION DATE: _____RETURN DATE: _____

PERMISSION TO ENTER BACK YARD ☐ YES ☐ NO

☐ DOG

☐ ALARM SYSTEM

☐ TIMING LIGHTS

☐ PERMISSION TO BE ON PROPERTY _____

RESIDENT agrees and shall hold harmless the City of Oakdale, its directors, officers, employees, agents and volunteers, from any and all claims, demands, costs, expenses (including but not limited to attorney's fees and costs of litigation or arbitration), liability, losses, penalties, causes of action, awards, suits or judgments for damages of any nature whatsoever, to the extent arising out of City's participation in this program.

DATE	TIME	COMMENTS	INITIAL