ACTON–SHAPLEIGH PROPERTY CHECK INITIATIVE

Vacation / Absence Property Watch Request

Courtesy service of the York County Sheriff's Office Contract Deputy assigned to Acton and Shapleigh

1. TOWN AND REQUEST DATE

PROPERTY IS LOCATED IN: ☐ Town of Acton ☐ Town of Shapleigh **DATE OF REQUEST**

2. PROPERTY OWNER / REQUESTOR

OWNER / REQUESTOR FULL NAME | **PRIMARY PHONE** | **EMAIL**

MAILING ADDRESS (if different from property) | **PHONE WHILE AWAY**

3. PROPERTY TO BE CHECKED

STREET ADDRESS OF PROPERTY | **TOWN** | **ZIP** | **MAP / LOT**

CROSS STREET / LANDMARKS / HOW TO FIND THE PROPERTY

TYPE OF PROPERTY: ☐ Year-round home ☐ Seasonal / camp ☐ Rental ☐ Vacant / land ☐ Other

4. DATES YOU WILL BE AWAY (REQUIRED)

START DATE (first day gone) | **END DATE (return date)** | **APPROX. DEPARTURE TIME** | **APPROX. RETURN TIME**

Submit this form before you leave when possible. Checks are attempted only between the start and end dates listed above.

5. PRIMARY CONTACT WHILE YOU ARE AWAY

NAME | **RELATIONSHIP** | **PHONE** | **HAS A KEY?** ☐ Yes ☐ No

EMAIL | **LOCAL ADDRESS (if neighbor / caretaker)**

6. SECONDARY CONTACT

NAME | **RELATIONSHIP** | **PHONE** | **HAS A KEY?** ☐ Yes ☐ No

EMAIL | **LOCAL ADDRESS**

7. PERSONS AUTHORIZED TO BE ON THE PROPERTY

List anyone expected on the property (family, contractors, caretaker, house-sitter, lake association, plow driver).

NAME / ROLE / VEHICLE IF KNOWN

WILL ANYONE BE STAYING OVERNIGHT? ☐ Yes ☐ No **IF YES, WHO / DATES**

PLEASE CONTINUE TO PAGE 2

Page 2 has property details, the required disclaimer, your signature, and how to submit this form.

Checks are attempted only during the contract deputy's contracted hours and are not guaranteed. Emergency: 911.

8. PROPERTY DETAILS FOR THE DEPUTY

ALARM? ☐ Yes ☐ No COMPANY / PHONE _____ LIGHTS ON TIMERS? ☐ Yes ☐ No

VEHICLES LEFT (make / model / color / plate) _____

PETS ON PROPERTY? ☐ Yes ☐ No _____

ACCESS / GATE / KEYPAD / SEASONAL ROAD _____

KNOWN CONDITIONS / SPECIAL INSTRUCTIONS

9. REQUESTED CHECK — EXTERIOR VISUAL CHECKS ONLY; DEPUTY USES JUDGMENT

☐ Drive-by / visible from the roadway ☐ Walk exterior / check doors and windows if accessible

10. IMPORTANT DISCLAIMER — PLEASE READ

This is a courtesy property-watch program, not paid security and not a substitute for an alarm, private security, or a caretaker.
By submitting this request you understand and agree to all of the following:

1. **CHECKS ARE NOT GUARANTEED. Checks are conducted only by the York County Sheriff's Office contract deputy assigned** to Acton and Shapleigh, and only during that deputy's contracted hours. Calls, weather, roads, court, training, vacation, illness, or other official duties may prevent a check on any given day. This request does not guarantee any check will be done.
2. **EXTERIOR CHECKS ONLY. The deputy will not enter locked buildings, handle mail or packages, shovel, plow, feed animals,** reset alarms, or take custody of keys unless a separate official need arises.
3. **NO SPECIAL DUTY / NO LIABILITY. This request does not create a special duty beyond ordinary law-enforcement service.** The Town of Acton, the Town of Shapleigh, York County, the York County Sheriff's Office, and their employees and agents assume no liability for theft, vandalism, fire, weather damage, or any loss from the performance or non-performance of a check.
4. **EMERGENCIES. Call 911 for a crime in progress, fire, medical emergency, or immediate threat. Do not wait for a check.** Non-emergency dispatch: (207) 324-1113.

11. AUTHORIZATION AND SIGNATURE

☐ I have read Section 10. I understand checks are not guaranteed and are attempted only during contracted hours.

☐ I am the owner or an authorized agent of the owner, and I authorize the contract deputy to enter the property grounds (driveway, yard, and exterior of buildings) for the purpose of a visual security check during the dates listed.

☐ The information on this form is true to the best of my knowledge. I will notify the deputy if dates or contacts change.

☐ I understand this form does not replace 911, an alarm contract, or a private caretaker.

PRINTED NAME _____ SIGNATURE _____ DATE _____

12. HOW TO SUBMIT THIS FORM

Email the completed form to MTCUMMER@yorkcountymaine.gov, or bring a printed copy to the town office that matches the property address. Keep a copy. In an emergency call 911.

Acton properties: Acton Town Office, 35 H Road, Acton, ME 04001 • (207) 636-3131

Shapleigh properties: Shapleigh Town Office, 22 Back Road / P.O. Box 26, Shapleigh, ME 04076 • (207) 636-2839

Contract Deputy (non-emergency): (207) 324-3644 Dispatch: (207) 324-1113

13. OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____