

VACATION HOUSE CHECK APPLICATION



The "Health, Safety, and Vacation Check" program is a community service sponsored by the Vacaville Police Department and staffed by volunteers. A group of dedicated volunteers, whose backgrounds have been thoroughly screened, will make residential visits/calls each operating day (currently Monday-Friday). All information listed will be kept confidential. If emergency information changes, please notify us as soon as possible.

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Name: _____

Date of Departure: _____ Date of Return: _____
(Notify us immediately if departure or return dates change)

Persons Authorized on Property: (lawn/pet care, etc.)

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Vehicles Left On Property:

Year: _____	Make: _____	Model: _____	Color: _____	Lic.#: _____
Year: _____	Make: _____	Model: _____	Color: _____	Lic.#: _____
Vehicle Alarms: _____				

Residential Information

Check box if answer is yes:

Back yard to be checked?

~~Rear yard locked?~~

Home Alarm? Type? _____ Company? _____

Lights, TV, or Radio on? Where? _____ What time? _____

Broken windows or screens? Where? _____

Pool in yard?

Pets in yard? What type? _____ How many? _____

Additional Information: _____

First Local Emergency Contact:

Name: _____

Relationship: _____ Does this person have a key to your residence? _____

Second Local Emergency Contact:

Name: _____

Relationship: _____ Does this person have a key to your residence? _____

I understand that Vacation House Checks will be performed as time permits. The signature on this form releases the City of Vacaville Police Department of all liability for loss of property or damage occurring during this time period.

Signature

Date