



Santa Cruz Police Department Volunteer Program

VACATION CHECK REQUEST

Name:	
Address:	
Nearest Cross Street:	
Cell Phone:	Alternate Phone:
Departure Date/Time:	Return Date/Time:
In Case Of Emergency: Contact Name:	Phone:
Address:	
Does this person have a key to the residence? You Arrangements made for holding: Mail Nersons and Service Personnel authorized to be	Newspaper
Name:	Phone:
Name:	
Name:	Phone:
Pet(s) on property? Yes No Ala	rm system activated? Yes No
(If a dog is staying in the backyard, the Police Vo	lunteers will not enter this area)
Will the backyard be left accessible for inspection	on? Yes No
Exterior or Interior Lights left on, or on timers	? Yes No
Will any windows be left partially open? Yes _	No If so, which one(s)
Vehicles left on the property (Description & Lic	ense Plate Numbers):
Make/Model:	License:
Make/Model:	License:

dangerous or special circumstance to be aware of):		
		
Vacation Check Requested By:	Date:	