

POLICE DEPARTMENT VACATION CHECK REQUEST & REPORT

PD-75, side 1, ver 07-16

DISTRICT

CYPRESS (714) 229-6600

LOS ALAMITOS (562) 431-1344

SEAL BEACH (562) 431-2541

DATE and TIME RANGE LEAVING

DATE and TIME RANGE RETURNING

6pm - 12pm 12pm - 6pm 6pm - 6am

6pm - 12pm 12pm - 6pm 6pm - 6am

Name (please print legibly)		Home Phone	Mobile Phone
Address			
Destination			Destination Phone
If traveling by vehicle, License # <input type="checkbox"/> N/A	Make	Model	Color
Emergency Contact Name	Emergency Contact Home Phone	Emergency Contact Mobile Phone	
Address		<input type="checkbox"/> Will be checking residence - When? <input type="checkbox"/> Key available	

NOTES

Pool or jacuzzi? <input type="checkbox"/> NO <input type="checkbox"/> YES	Pets left in residence or yard? (if YES, please list) <input type="checkbox"/> NO <input type="checkbox"/> YES:		
ALARM <input type="checkbox"/> NONE <input type="checkbox"/> Audible <input type="checkbox"/> Silent	Alarm monitored by: (Company name and telephone number)		
Lights/Radio on timers: (provide location and type)			
Describe any vehicles that will/may be in driveway. (include License #, Make, Model, and Color)			
Attached garage? <input type="checkbox"/> NO <input type="checkbox"/> YES	Access to residence via garage? <input type="checkbox"/> NO <input type="checkbox"/> YES	Access to rear yard by Volunteers? <input type="checkbox"/> NO <input type="checkbox"/> YES	Gates locked? <input type="checkbox"/> NO <input type="checkbox"/> YES
Windows left ajar? <input type="checkbox"/> NO <input type="checkbox"/> YES	Screened? <input type="checkbox"/> NO <input type="checkbox"/> YES	Locked? <input type="checkbox"/> NO <input type="checkbox"/> YES	Has mail/paper delivery been stopped? <input type="checkbox"/> NO <input type="checkbox"/> YES
			If NO , name of person who will pick up?

Comments: _____

Subjects AUTHORIZED on premises: _____

Subjects RESTRICTED from premises: _____

IF RETURNING BEFORE INDICATED DATE, CALL 714-229-6600

I acknowledge that the Police Department and City do not assume any liability for loss or damage to my property during the specified dates. I understand that there is no guarantee that these checks will be performed daily.

HOMEOWNER'S SIGNATURE and DATE

RECEIVED BY and DATE

