

CONCORD POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE

VACATION HOUSE CHECK

NAME _____ PHONE _____
ADDRESS _____ ZIP _____ CROSS STREET _____

DATE/TIME of DEPARTURE _____ Date/Time of Return _____
(Notify us immediately if departure or return times change)

LOCAL EMERGENCY CONTACT: You **must** designate a local contact person.

NAME _____ DAYTIME PHONE _____
ADDRESS _____ DO THEY HAVE KEY? _____

VEHICLES LEFT ON PROPERTY: (DO NOT INCLUDE VEHICLES IN GARAGE)

Year _____ Make _____ Model _____ Color _____ Lic# & State _____
Year _____ Make _____ Model _____ Color _____ Lic# & State _____

ALARMS

Premise Alarm _____ Yes? _____ NO? Alarm Company and Telephone Number _____

PERSONS AUTHORIZED ON PROPERTY: (Lawn/pet care, etc.)

Name _____ Name _____
Name _____ Name _____

HOUSE SITTER INFORMATION

Name _____ Hours & Dates House Sitter will be present _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING

_____ Broken Windows or Screens? Where? _____
_____ Pets in yard? What Type? _____ How Many _____
_____ Rear yard locked? _____ Mail stopped? _____ Newspaper stopped?

ADDITIONAL INFORMATION: _____

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

INFORMATION GIVEN BY _____ DATE _____ TIME _____

MAIL TO: Concord Police Department, 1350 Galindo Street, Concord, CA 94520.
Attn: Vacation House Check