

Roseville Police Department

Vacation House Check

| Vacatio | Departure Date: Return Date: |
|--------------------|--|
| Homeo | vner/ Resident Name(s) |
| Addres | , Roseville Cross Street: |
| Telepho | nes: Home Cell Vacation (if known) |
| Person | s to contact in case of an emergency or problem at your home: |
| Name | Phone/cell phone |
| | Phone/cell phone |
| | Authorized on Property: Name & Phone #/ |
| <u>Check</u> | he Yes or No Response to the Following Questions: |
| No / Ye | Boes anyone else have keys to your home? Name and Phone |
| | Are Gates locked? |
| | Is Address Visible on Home? |
| | Lights or Radio Left on, or on Timers? |
| | Newspapers, Deliveries, mail stopped? |
| | Any Vehicles Left on Property? Make, model, color and License Plate Number(s) |
| | Alarm installed? If so, Company name and phone number |
| | Pets on Property? Number Breed Name(s) |
| | All Doors and Windows Closed and Locked on Home and Garage? |
| applica Rosevil | tand that vacation checks/ safety patrols will be performed on a random basis as staffing and time permits. Any on may be denied due to past history at residence. My signature on this form releases the City of Roseville, the e Police Department, and the C.O.P. volunteer of all liability for any loss of property or damage that may occur during ementioned time period. |
| <u>Submit</u> | Request Form to: Roseville Police Department, 1051 Junction Blvd. Roseville, Ca 95678 |
| Name: | Signature: |
| Date: _ | |

All vacation house check forms <u>MUST</u> be received by the police department at least one week prior to the dates requested.

