Vacation House Check Form

Home Owner Information

Name

Street Address

Home Phone

Cell Phone

Date Leaving

Date Returning

Person In Charge Name

Street Address

Emergency Phone Numbers

Home Phone

Cell Phone

Will they have a key? Yes ☐ No ☐

Will there be pets on the property? Yes ☐ No ☐

Will mail and newspapers be picked up? Yes ☐ No ☐

Will there be vehicles at the location? Yes ☐ No ☐

If 'Yes' please complete the following vehicle descriptions

Comments:

Vehicle Descriptions

(1) Make: _____ Model: _____ License Plate: _____

(2) Make: _____ Model: _____ License Plate: _____

(3) Make: _____ Model: _____ License Plate: _____

For Police Use ONLY – below this line

Officer accepting the application

Date/Time

District

Beat

House Check Number

Date Checked	Time	Officer	Comments