



**Davis Police Department
2600 Fifth Street
Davis, CA 95616**

Vacation House Check Request

NOTE: THIS FORM MUST BE BROUGHT TO THE DAVIS POLICE DEPARTMENT AND SIGNED IN THE PRESENCE OF DEPARTMENT PERSONNEL

DATE OF REQUEST: _____

Print Name(s) _____ **Home Phone** _____

Residence Address: _____ **Map/Page #:** _____
(Police dept use only)

Date & time when house will be vacant _____

Date & time that you plan on returning home _____

Location and phone where you are staying _____

or

Cell Phone # _____

The following person(s) are authorized to enter the property, or in case of emergency contact:

1. NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____

OR

2. NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____

Does the above named party(s) have a key to the property: YES NO

Type of Dwelling: Single Family Residence / Duplex / Condominium

Describe vehicles or property left outdoors while on vacation:

1. Make _____ Model _____ Color _____ Yr _____ Lic# _____ State _____

2. Make _____ Model _____ Color _____ Yr _____ Lic# _____ State _____

Other Property:

Alarm Information

Do you have an alarm system? YES NO Name and phone for alarm company _____

Property Information

- 1. Do you have any broken doors or windows? YES NO If so, location _____
- 2. Do you have any torn screens? YES NO If so, location _____
- 3. Do you have timers on any indoor/outdoor lights? YES NO If so, where are they located and when do they turn on or off? _____
- 4. Will you stop your mail & newspaper delivery? YES NO If not, is someone collecting them for you? YES NO If yes, Name: _____ Phone: _____
- 5. Do you want your backyard checked? YES NO (Locked gates will not be opened)
- 6. When are your sprinklers timed to turn on and off? _____
- 7. Are pets in the house or yard? YES NO If so, type of pet and person caring for them? Type of pet: _____ Contact: _____ Phone: _____

Additional

Information: _____

The undersigned does hereby grant and request the City of Davis and the Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the City of Davis; it's employees, and agents for any claim for personal injury, loss or damage to property that may be suffered by the undersigned, through any action or lack thereof, by a representative of the city of Davis. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the city, will be provided only as time or volunteer personnel is available, and no guarantee is made nor assurance given against loss, theft, or damage to premises.

SIGNED THIS _____ DAY OF _____ 20____

BY: _____ ADDRESS: _____

FOR OFFICIAL USE ONLY

Identification of person making request verified by: _____

*Original to be routed to Volunteer Coordinator

*Copy to be filed with Dispatch

<p>Police use only: Checked by: _____ Date/Time: _____</p> <p>Checked by: _____ Date/Time: _____</p> <p>Checked by: _____ Date/Time: _____</p> <p>Checked by: _____ Date/Time: _____</p>
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For more information on this program contact:
Volunteer Coordinator at 530 747-5411