



VACATION HOUSE CHECK REQUEST

Roseville Police Department

VACATION INFORMATION	<i>Departure Date</i>	<i>Return Date</i>
	<ul style="list-style-type: none"> • Requests must be received 7 days prior to departure and may not exceed 30 consecutive days. • We are unable to service homes with on-site houseguests. • If you return BEFORE your stated return date, please call (916) 746-1052. 	

HOMEOWNER / RESIDENT AND ALTERNATE CONTACT INFORMATION

<i>Last Name</i>		<i>First Name</i>	
<i>Street Address</i>		<i>City / State</i> Roseville CA	<i>ZIP Code</i>
<i>Email Address</i>	<i>Telephone - Home</i>	<i>Cell</i>	
<i>Alternate Contact: Last Name, First Name</i>		<i>Address</i>	<i>Telephone Number</i>

YES	NO	PROPERTY INFORMATION	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle(s) left in the driveway.	
		<i>Make</i>	<i>Model</i>
		<i>Color</i>	<i>License Plate</i>
<input type="checkbox"/>	<input type="checkbox"/>	All doors and windows closed and locked.	<i>Comment, if needed</i>
<input type="checkbox"/>	<input type="checkbox"/>	All exterior gates locked. (Highly recommended)	<i>Comment, if needed</i>
<input type="checkbox"/>	<input type="checkbox"/>	Lights or radio left on, or on timers. (Highly recommended)	<i>Comment, if needed</i>
<input type="checkbox"/>	<input type="checkbox"/>	Dogs on property have backyard access.	<i>Name(s)</i>
			<i>Breed</i>
<input type="checkbox"/>	<input type="checkbox"/>	Anyone with keys to your home	<i>Name</i>
			<i>Telephone</i>
<input type="checkbox"/>	<input type="checkbox"/>	Exterior service provider: gardener, pool maintenance, etc.	<i>Days of the week</i>
			<i>Time of day/vehicle description</i>
<input type="checkbox"/>	<input type="checkbox"/>	Interior service provider: Pet feeding, Plant watering, etc.	<i>Days of the week</i>
			<i>Time of day/vehicle description</i>

I understand vacation checks/safety patrols will be performed on a random basis as staffing and time permit. Any application may be denied due to history at the residence. My signature on this form releases the City of Roseville, the Roseville Police Department, and the C.O.P. volunteer of all liability for any loss of property or damage that may occur during the aforementioned time period.

Homeowner/Resident Signature	Date
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SUBMIT FORM TO:	Mail: Roseville Police Dept., 1051 Junction Blvd., Roseville CA 95678 OR Fax: (916) 774-5019
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OFFICE USE ONLY

<i>Rec'd Application</i>	<i>Initials</i>	<i>Contact Homeowner</i>	<i>Initials</i>	<i>Premise Check</i>	<i>Initials</i>	<i>Dispatch Notified</i>	<i>Initials</i>
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