

VACATION CHECK REQUEST
OCEANSIDE POLICE DEPARTMENT

SECTOR _____

Name _____ Contact Phone _____ Cell _____

Address _____ Zip _____ Cross St. _____

Departure Date _____ Time _____ Return Date _____ Time _____

Alarm? Yes No Alarm Co. Name _____ Phone _____

Armed Response? Yes No. Gated Community? Yes No. Gate Code _____

Animals Left Behind? Yes No. Type _____ Access to back yard? Yes No

Left on: Lights Place(s) _____ Radio TV Place(s) _____

Gardener? Name _____ Day of week? _____

Vehicles left outside: _____ License # _____

_____ License # _____

Have arrangements been made for U. S. Mail? Yes No

Windows left open: (*Not Recommended*) _____

Person(s) authorized to be on premises: _____

Additional Information: _____

EMERGENCY CONTACT

Name _____ Home Phone _____ Work Phone _____

Address _____ City _____

Relationship _____ Key to House? Yes No.

VACATION CHECKS FOR OCEANSIDE RESIDENTS ARE NOT A REQUIREMENT BY LAW, BUT CONDUCTING THEM HAS BEEN A LONG-STANDING PRACTICE OF THIS DEPARTMENT. WHILE YOU ARE ON VACATION, YOUR HOUSE WILL BE CHECKED BY MEMBERS OF THE OCEANSIDE POLICE DEPARTMENT SENIOR VOLUNTEER PROGRAM. THEY WILL CHECK YOUR RESIDENCE DAILY WHEN STAFFING ALLOWS. THIS AGREEMENT IS NOT INTENDED TO PROVIDE YOU WITH ANY ADDITIONAL LAW ENFORCEMENT SERVICES, AND OFFICERS WILL NOT CHECK YOUR RESIDENCE UNLESS THE SENIOR VOLUNTEERS NOTE A PROBLEM. THE SENIOR VOLUNTEER PROGRAM DOES NOT SOLICIT OR CHARGE ANY FEE FOR THIS SERVICE. RESIDENTS MAKING INQUIRIES REGARDING DONATIONS TO THE SVPP PROGRAM MAY CONTACT THE SVPP ADMINISTRATOR AT (760) 435-4763 FOR ADDITIONAL INFORMATION. **WE REQUEST THAT YOU NOTIFY US WHEN YOU RETURN FROM VACATION, OR ANYTIME THE HOME WILL BE OCCUPIED. PLEASE READ BACK FOR RECENT CHANGES.**

Signature: _____ Date: _____

Information taken by: _____ ID # _____

**INSTRUCTIONS FOR COMPLETING THE
VACATION CHECK REQUEST**

1. All spaces must contain an entry or indicate that it is Not Applicable (N/A).
2. Enter the complete name of the person requesting the vacation check.
3. Enter the telephone number and, if applicable, the cell phone number of the person requesting the vacation check.
4. Enter the complete address including ZIP code of the residence to be checked.
5. Enter the date and time the resident is leaving for vacation.
6. Enter the date and time the resident is returning from vacation.
7. If the residence is protected by an alarm system, enter the alarm company.
8. If the residence is in a gated community, enter the gate code.
9. Are there animals being left behind? SVPP will not check the back yard if animals are present.
10. Will the SVPP have access to the back yard?
11. Are there any lights, radios or TVs left on?
Will a gardener be on the premises? If so what is the name of the individual or firm. What day of the week are services performed?
12. If vehicles are left behind outside, please enter the make and model.
13. License plate number(s) of the vehicle(s) left behind.
14. Are there any windows being left open. This is not recommended.
15. Enter the name(s) of any person(s) authorized to be on the premises. Enter any additional useful information. Provide the Name, Home Phone No., Work Phone No., Address and relationship of an Emergency Contact. Does that person have a key to the premises?
16. Sign and Date the form.

For Office Use Only. Enter the name and ID number of the person(s) taking the request.

Please Note

- 1] Requests can only be accepted for minimum of three(3) work days and a maximum of sixty (60) days total.
- 2] Requests must be turned in seven (7) working days prior to Start date. A walk through will be conducted prior to acceptance of the request.
- 3] We do not do drive-bys or tented homes.