PLACER COUNTY SHERIFF'S OFFICE VACATION CHECK REQUEST FORM

		Start Date: Stop Date:
	Stop Date	Stop Date
NAME:	REPORTING PARTY:	
ADDRESS:		
PHONE:	MAILING ADDRESS:	
HOUSE COLOR:	NEAREST CROSS STREET:_	
ADDRESS VISIBLE ON HOUSE? YES / NO	(If NO describe location)	
ANY OUTBUILDINGS? YES / NO (If YES de	escribe buildings)	
ALL DOORS AND WINDOWS LOCKED? YES / N	O (If NO give details)	
DO LOCKED GATES PREVENT ACCESS? YES / 1	NO GATE CODE:	
DOES ANYONE HAVE KEYS TO HOUSE/BU	JSINESS/GATE? (please provid	de name and phone)
EMERGENCY CONTACT		
NAME: PHONE:	ADDRESS:	
PERSONS AUTHORIZED ON PROPERTY (p	please include phone #)	
VEHICLES LEFT ON PROPERTY (color, mak	e, plate)	
YARD/POOL SERVICES (include days of ser	vice)	
LIGHTS LEFT ON? YES / NO TIMES:	LOCATION:	
PETS ON PROPERTY? YES / NO TYPE:		
PET NAMES:		
ALARM INSTALLED? YES / NO - COMPANY		
MAIL STOPPED? YES / NO (If NO, who pic		
NEWSPAPER STOPPED? YES / NO	······································	
ADDITIONAL INFORMATION:		
<u> </u>		
INFORMATION TAKEN BY:	DATE:	TIME: