RETIRED SENIOR VOLUNTEER PATROL
El Cajon Police Department
VACATION HOUSE CHECK FORM

Point No _____

PLEASE PRINT - BLACK INK ONLY

Occupant's Name:	Address:		Zip Code:	Home Phone:
	Nearest Cross-Street:			Cell Phone:

Date of Departure: Return Date:	Emergency Contact Name:		Home Phone:
AM ❏ PM ❏ AM ❏ PM ❏	Relationship: Has House Key? Y ❏ N ❏		Cell Phone:
Alarm? Y ❏ N ❏ If yes, might the alarm go off if doors are firmly checked? Y ❏ N ❏	Emergency Contact Name(#2):		Home Phone:
Name of Alarm Company: Phone Number:	Relationship: Has House Key? Y ❏ N ❏		Cell Phone:
Windows intentionally left open? Y ❏ N ❏ Where:	Name(s) of any other person(s) authorized to be in/at the residence:		

Curtains/shutters intentionally left open? Y ❏ N ❏ Where:	Comments or special instructions:
Radio/TV left on inside of residence? Y ❏ N ❏ Where:	Gate(s) Unlocked? Y ❏ N ❏ OK to go in backyard? Y ❏ N ❏
Interior lights left on? Y ❏ N ❏ Where:	Pet(s) on premises? Y ❏ N ❏ Inside ❏ Outside ❏ Type:
Exterior lights left on? Y ❏ N ❏ Where:	Gardener/Pool Service? Y ❏ N ❏ Housekeeper? Y ❏ N ❏ Name: Name:
Motion sensors or timed lighting? Y ❏ N ❏ Where:	Number of vehicles in driveway/garage including boats, campers, etc.: 0 ❏ 1 ❏ 2 ❏ 3 ❏ 4 ❏ Description of vehicle(s):

✉   **HAVE A NEIGHBOR PICK UP YOUR MAIL AND NEWSPAPERS WHILE YOU ARE AWAY**   ✉

I hereby authorize house checks to be conducted in my absence. I understand and acknowledge that a request for a house check pursuant to this program does not guarantee the safety and security of my property. I further acknowledge that the City of El Cajon and the El Cajon Police Department is in no way responsible for my property in my absence. I understand that the El Cajon Police Department Retired Senior Volunteer Patrol may visually and/or physically inspect my premises during their patrols.

Signature _____   Date _____
          (Must be signed by owner / tenant)

Received by _____   Date _____

Form to be filled out by resident. Please answer all questions. We request a minimum of 72-hours notice of your departure. Please return this form to the Volunteer Coordinator, 100 Civic Center Way, El Cajon, CA 92020, or via fax at (619) 593-5784, or by e-mail at RSVP@cityofelcajon.us. Questions? Call 619-579-3354.

Month/Year:	(Circle Dates Checked)	**OFFICE USE ONLY**
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		

Discrepancy noted (description):

Date/Officer: Emergency Contact Notified   Y ❑ N ❑   Action Taken

Discrepancy noted (description):

Date/Officer: Emergency Contact Notified   Y ❑ N ❑   Action Taken