





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

Point No _____



PLEASE PRINT - BLACK INK ONLY

Occupant's Name:	Address: Nearest Cross-Street:	Zip Code:	Home Phone: Cell Phone:
Date of Departure: AM <input type="checkbox"/> PM <input type="checkbox"/>	Return Date: AM <input type="checkbox"/> PM <input type="checkbox"/>	Emergency Contact Name: Relationship: Has House Key? Y <input type="checkbox"/> N <input type="checkbox"/>	Home Phone: Cell Phone:
Alarm? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, might the alarm go off if doors are firmly checked? Y <input type="checkbox"/> N <input type="checkbox"/> Name of Alarm Company: Phone Number:		Emergency Contact Name(#2): Relationship: Has House Key? Y <input type="checkbox"/> N <input type="checkbox"/>	Home Phone: Cell Phone:
Windows intentionally left open? Y <input type="checkbox"/> N <input type="checkbox"/> Where:	Name(s) of any other person(s) authorized to be in/at the residence:		
Curtains/shutters intentionally left open? Y <input type="checkbox"/> N <input type="checkbox"/> Where:	Comments or special instructions:		
Radio/TV left on inside of residence? Y <input type="checkbox"/> N <input type="checkbox"/> Where:	Gate(s) Unlocked? Y <input type="checkbox"/> N <input type="checkbox"/> OK to go in backyard? Y <input type="checkbox"/> N <input type="checkbox"/>		
Interior lights left on? Y <input type="checkbox"/> N <input type="checkbox"/> Where:	Pet(s) on premises? Y <input type="checkbox"/> N <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Type:		
Exterior lights left on? Y <input type="checkbox"/> N <input type="checkbox"/> Where:	Gardener/Pool Service? Y <input type="checkbox"/> N <input type="checkbox"/> Housekeeper? Y <input type="checkbox"/> N <input type="checkbox"/> Name:		
Motion sensors or timed lighting? Y <input type="checkbox"/> N <input type="checkbox"/> Where:	Number of vehicles in driveway/garage including boats, campers, etc.: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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 _____
 (Must be signed by owner / tenant) _____
 Received by _____
 Date _____
 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 RSVF@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		
Month/Year:	(Circle Dates Checked)	
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		
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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 <input type="checkbox"/> N <input type="checkbox"/> Action Taken	
Discrepancy noted (description):		
Date/Officer:	Emergency Contact Notified Y <input type="checkbox"/> N <input type="checkbox"/> Action Taken	