Vacation Start Date:		Vacation Return Date:		Vacation Check #	

ROCKLIN POLICE DEPARTMENT

VACATION CHECK REQUEST

Address:					
Beat #		Map Coordinates:		Cross-streets:	
Name of Person Requesting the Check:					
Phone Number at the Residence:		Phone Number where you can be reached during vacation:			

Who do we contact in case of an emergency?

Name:		Phone:		Phone:	
Name:		Phone:		Phone:	

Who has the house key?

Name:		Phone:		Phone:	
Name:		Phone:		Phone:	

Does anyone have authorization to stay at or enter your home? ☐ Yes ☐ No If yes, who?

Name:		Phone:		Vehicle Description & License Plate:	

Have you stopped delivery of your newspaper/mail? Yes No If not, who will be collecting for you?

Name:		Phone:		Phone:	

Are there pets present? ☐ Yes ☐ No

Describe:	

Who is caring for the pets?

Name:		Phone:		Vehicle Description & License Plate:	

Will a gardener be working at the home during your vacation? ☐ Yes ☐ No

Company:		Gardener Name:		Phone:	

Describe any vehicles left in the driveway, authorized to park in the driveway, or parked on the street?

Is/are the side gate(s) locked? ☐ Yes ☐ No Describe:

Are there lights and /or radios on timers? ☐ Yes ☐ No Describe:

Alarm System? ☐ Yes ☐ No

Alarm Company:		Phone:	

Any special concerns or instructions?

RPD 303 09/14

SUBMIT