MERCED POLICE DEPARTMENT V.I.P.S. PROGRAM VACATION HOUSE CHECK FORM

RESIDENT INFORMATION:

| Name | Phone # | | |
|--|---|--|--|
| Address | | | |
| Date & Time of Departure | Date & Time of Return | | |
| Phone number to contact resident | in case of emergency | | |
| LOCAL EMERGENCY CONTACT | Γ: | | |
| Name | Phone # | | |
| Address | | | |
| VEHICLES LEFT ON PROPERTY | (| | |
| YearMake Mode | ColorLic. # | | |
| YearMake Mode | ColorLic. # | | |
| ALARMS | | | |
| Type of Alarm | Alarm Company | | |
| PERSONS AUTHORIZED TO BE | ON PROPERTY | | |
| Name | Name | | |
| Please answer YES or NO to the | following questions: | | |
| Broken Windows/screens? Pets in yard? Lights,radio,TV On? Pool in Yard? Rear yard locked? Mail Stopped? Newspaper stopped? | What type of petHow Many WhereWhat time Additional Information | | |
| Requested by: | | | |