



Benicia Police Department
Volunteer Patrol Program
Vacation House Check

DL# _____
Address Match Yes No
Accepted by: _____

Resident Information

Name _____ Phone _____ Cell Ph # _____

Address _____

Date/Time of Departure _____ Date/Time of Return _____

Vacation Destination: Local Out of State Out of Country

Local Emergency Contact

Name _____ Phone _____ Cell Ph # _____

Address _____ Contact has key (Y/N) _____

Vehicles Left On Property

Year _____ Make _____ Model _____ Color _____ Lic# _____

Year _____ Make _____ Model _____ Color _____ Lic# _____

Lawn Service, Pest Control or Pool Maintenance (Y/N) _____

Lights left on or on timer? (Y/N) _____

Animals in backyard? (Y/N) _____

Is house alarmed (Y/N) _____ Aud/Sil _____ Company _____

Anyone checking on home? (Y/N) _____ **(If yes, vacation watch will not be provided.)**

Please list any potential hazards at the residence: _____

Additional Information _____

I understand that Vacation House Checks will be performed as time permits over a four week maximum time period. Vacation House Checks will not be performed on vacant properties. The signature on this form releases the City of Benicia Police Department of all liability for loss of property or damage occurring during this time period.

By _____ Date _____