ANTIOCH POLICE DEPARTMENT VOLUNTEERS IN POLICE SERVICE HOUSE CHECKS

Name:	Name:			Phone No:		
LOCAL EMERGENCY CONTACT: You must designate a local contact person. Name:	Address	:		Zip:	Cross Street:	
Name:	Date/Time of Departure:			Date/Time of Return:		
Address: Zip: Do they have a key? AUTHORIZED VEHICLES LEFT ON THE PROPERTY OR IN DRIVEWAY: (Those not listed will be subject to investigation.) Year Make Model Color Lic # & State Year Neme: Neme: Neme: Neme: Persons ALLOWED ON PROPERTY: (Lawn, pet care, etc.)						
AUTHORIZED VEHICLES LEFT ON THE PROPERTY OR IN DRIVEWAY: (Those not listed will be subject to investigation.) Year	Address:	• •		r none nos Zip:		1 .1VI.
Year Make Model Color Lic # & State ALARMS: Premise Alarm YES NO Alarm Company and Phone Number: PERSONS ALLOWED ON PROPERTY: (Lawn, pet care, etc.) Name: Name: Name: HOUSE SITTER INFORMATION: Name: Hours & Days will be present: Contact Phone Nos.: A.M. P.M. PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS. Broken windows or screens? Where? Pets in yard? What type? How many? Rear yard locked? Mail stopped? Newspaper stopped? ADDITIONAL INFORMATION: I understand that house checks will be performed as time permits. The signature on this form releases the City of Antioch Police Department of all liability or damages occurring during this time period.	AUTHOR	RIZED VEHICLE ubject to investig	S LEFT ON TH ation.)	E PROPERTY O	R IN DRIVEWAY: (Thos	e not listed
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ALARMS: Premise Alarm YES						
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HOUSE SITTER INFORMATION: Name:	Premise Alarm Co PERSON	Alarm YESompany and Pho	ne Number: N PROPERTY:	(Lawn, pet care	, etc.)	
Name:						
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SIGNATURE:DATE:						
	SIGNAT	URE:		DA	TE:	

Please submit your request 5 days prior to your departure by mail or fax as noted below:

Antioch Police Department, 300 'L' Street, Antioch, CA 94509

Attention: House Check Desk

Fax No. (925) 779-6829

All questions should be directed to the House Check Hotline, 925 779-6981

Revised: 11/13/2012 RK