Vacation House Check Request Form

Placerville Police Department
730 Main Street
Placerville CA. 95667
530-642-5210
e-mail document as an attachment to : ppdrecord@cityofplacerville.org

NAME _____ **PHONE** _____ **DATE/TIME** _____

ADDRESS _____ **FROM** _____ **TO** _____

STREET # _____ **ON HOUSE** _____ **ON DRIVEWAY** _____ **OTHER** _____

DELIVERIES STOPPED _____ **HELD** _____ **PICKED UP** _____

LIGHTS INSIDE _____ **OUTSIDE** _____ **TIMERS** _____

ANIMALS **YES** _____ **NO** _____ **TYPE** _____

VEHICLES LEFT AT RESIDENCE _____

WHO WILL HAVE A KEY? _____ **PHONE #** _____

WHO WILL BE AROUND PREMISES? _____

VACATION ADDRESS OR PHONE # _____

SPECIAL INSTRUCTIONS/INFORMATION _____

DONATIONS THE SHIELD PROGRAM ARE GRATEFULLY ACCEPTED.

Do Not Write Below this line- for P.D. use only

HOUSE CHECK NUMBER-_____

RETURN OF RESIDENTS: DATE _____ **TIME** _____ **OFFICER** _____

DATE	TIME	CONDITION	OFFICER	DATE	TIME	CONDITION	OFFICER