PORT HUENEME POLICE DEPARTMENT
VACATION SURVEILANCE REQUEST CHECKLIST

Date:_____ Time:_____ Dispatcher: _____

Name:_____ Phone: _____

Address: _____

Leaving: _____ Returning: _____

Emergency Contact: _____ Phone: _____

	Yes	No		Yes	No
Pets at Residence:	☐	☐	Alarm System:	☐	☐
Newspaper Stopped:	☐	☐	Mail Stopped:	☐	☐
Access to Rear Yard:	☐	☐			

Special Instructions: _____

_____

For Police Department use only.

Residence Check:

Date:	Time:	Officer:	ID#: