

**CITY OF ALISO VIEJO
POLICE SERVICES**

12 Journey, Suite 100
Aliso Viejo, CA 92656
(949) 425-2560



Vacation Checks Request Form

This form is for Aliso Viejo residents who are requesting Police Services to conduct a physical check(s) of their residence while on vacation. Please complete the following application and submit it to Aliso Viejo Police Services at the above address or Public-Safety@AVCity.org at least 7 days in advance of your vacation.

By filling out this form, I hereby authorize city and Orange County Sheriff's Dept. personnel to enter my property for the purpose of inspection of the premises for unwanted and/or suspicious activity for the period indicated below. I understand and agree that vacation patrol is provided by the city on an "as available" basis without guarantees or warranties of any kind, either express or implied. Under no circumstances shall the city, its agents, officers, officials, employees and volunteers, be liable to any party or any person or entity for any costs, expenses, liability, loss, damage or injury, in law or equity, to property or persons, arising out of or incident to the performance/nonperformance of the vacation home check services.

Police Services will not handle packages, mail, or newspapers delivered or left at residences during vacation checks. Please designate a friend, family member, or neighbor to collect deliveries.

PART 1: BASIC INFORMATION

| | | | |
|-----------------|-------------|--|-------|
| Homeowner Name: | | Address of residence to be checked: | City: |
| Home Phone: | Cell Phone: | Residence to be checked during the following dates: From: _____ To: _____ | |

PART 2: ADDITIONAL INFORMATION

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| Should we contact you if there is an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the phone number you can be reached at: _____ |
| In the event that you cannot be reached, please provide the name and phone number of an Emergency Contact: Name: _____ Phone Number: _____ Does the emergency contact person have a key to this residence? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will a gardening service be at your residence during the time you will be away? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the name of the gardening service and what day/time they will be there: Name: _____ Day of Week: _____ Time: _____ |
| Will there be any cars left in the driveway during the time you will be away? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the make, model and color of each car below: Vehicle #1: Make _____ Model _____ Color _____ Vehicle #2: Make _____ Model _____ Color _____ Vehicle #3: Make _____ Model _____ Color _____ |
| Are you planning to leave any lights on in the home during the time you will be away? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the hours when those lights will be on. From: _____ To: _____ |
| Do you have a swimming pool? Yes <input type="checkbox"/> No <input type="checkbox"/> Will a pool service be coming by during the time you will be away? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the name of the pool service and what day/time they will be there: Name: _____ Day of Week: _____ Time: _____ |
| Do you have an alarm? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the name of the alarm service and phone number for emergency purposes: Name: _____ Phone Number: _____ |
| Do you have a dog that will be left in the yard during the time you will be away? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the name and phone number of the person or service that will be caring for the dog: Name: _____ Phone Number: _____ |
| Do you expect any visitors at your home during the time you will be away? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide the name and phone number of the persons visiting and expected times or dates of visits: Name: _____ Phone Number: _____ Dates/Times: _____ |
| Is there anything else we should be aware of while you are away? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide that information below: |

PART 3: FOR POLICE SERVICES USE ONLY:

| | |
|---|----------------------|
| This form was received by Police Services: By: _____ | Date Received: _____ |
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