

**Residential Vacation Check Application** 



Applicant Information

Today's Date:

Name	last	first			
Address	street		zip code		
East or West of HWY 99?		Cross-Street			
Home Phone	( )	Mobile Phone	( )		
House Color?		Email?			
	Р	atrol Reques	est		
Date Leaving		Date Returning			
	front only	front & bac	ackyard		
*IMPORTANT – Notify us immediately upon your return at 916-478-8100					

Emergency Contact					
Name	last		first		
Address					
Relationship		Home phone	e ( )		
Mobile phone	( )	Work phone	( )		
General Property Information					
Lights	yes no timers	location of	f lights or timers:		
House alarm	yes no Calls alarm co Calls Elk Grove Police Department Audible siren				
Alarm company	name: phone number:				
Newspaper stopped?	yes no	Mail stopped?	yes no		
Lawn service/ Cleaning service?	yes no if yes, which service and what day(s)				
Pets?	yes no if yes, what type of pet Inside outside				
List <u>names</u> and <u>vehicles</u> of any person allowed at residence during your absence:					
1 2					
3 4					
Please submit your application to the EGPD Service Center: 8400 Laguna Palms Way, Elk Grove, CA 95758 Monday-Friday, 8:00am-5:00pm (916)-478-8100					
Office use only					
Application completed by/ confirmation of receipt:Date:					
Summary mail Volunteer Name		Date:			