Port Hueneme Police Department – VACATION CHECK REQUEST FORM

Date:	Time:	Dispatcher:
Name:		Phone:
Address:		
Date Leaving:	Date Returning	
Emergency Contact:		Phone:
Conditions at Residence:	Pets at Residence? Y N	Newspaper Stopped? Y N
Access to Rear Yard? Y N	Alarm System? Y N	Mail Stopped? Y N
Special Instructions:		

Residence Checks

Date:	Time:	Officer:	ID#:
Comments:			
Date:	Time:	Officer:	ID#:
Comments:			
Date:	Time:	Officer:	ID#:
Comments:			
Date:	Time:	Officer:	ID#:
Comments:			
Date:	Time:	Officer:	ID#:
Comments:			
Date:	Time:	Officer:	ID#:
Comments:			