

**Personal Information** 

## Scappoose Police Department 33568 E. Columbia Avenue Scappoose, OR 97056

## **Request for Residential Vacation Checks**

Year: \_\_\_\_\_ Make: \_\_\_\_ Model: \_\_\_\_\_

If you live within the City of Scappoose, and would like to have vacation checks performed on your residence, please complete this form and submit to Scappoose Police Records at least 48 hours prior to your planned absence. *Please Print*.

## Residence Address: Date of Birth: \_\_\_\_/ \_\_\_\_/ Email Address: Cell Phone: \_\_\_\_\_ Cell Phone: Phone Number at Residence: Date Leaving: \_\_\_\_/ \_\_\_\_ Date Returning: \_\_\_\_/ \_\_\_\_ Papers / Mail / Deliveries Stopped? YES / NO Will any lights be left on? YES / NO Will the Lights be on a timer? YES / NO If lights on, which rooms? (Example: front hallway, back bedroom, ECT.) Pets: YES / NO Type: Indoor / Outdoor Does anyone have permission to be on your premises? YES / NO If yes, who? \_\_\_\_\_ Address: \_\_\_\_\_ **Vehicle Information** (vehicles that will be at the residence during your absence) Year: \_\_\_\_\_ Make: \_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_ Model: \_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

Color: \_\_\_\_\_ Plate: \_\_\_\_\_

## **Emergency Contact**

Have you let a neighbor YES / NO	or, friend, or relative	e know how	to contact you in	case of an emergency?
Name:	Address:			Phone:
Does this person have	a key to your home	? YES	/ NO	
Do you have an alarm	System: YES / NO	) Moni	toring Company:	
Please list any other in	formation that you	feel the polic	ce should be awar	re of during your absence:
not occur at your residencheck your home periodic homeowner is gone from guaranteed by requesting provided to the general p	ce, and it is only inter cally, based upon the the home are guaran a vacation check, oth ublic.	nded to be a re availability o teed. No addi ner than norm ke every effor	equest for the Scap f an officer. No vac tional police respor al police services a t to safeguard again	nse or protection is being
SIGNED THIS	DAY OF		_, 2	
BY:Signature				
Department Use Only:				
Accepted by:	Г	Oate: /	/	
Residence Check Perfor	rmed by:			
Officer: I	OPSST:	_ Date:	Time:	CAD:
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