

ALISO VIEJO POLICE SERVICES

VACATION HOME CHECK FORM

Email to [BLGardner@ocsd.org](mailto:BLGardner@ocsd.org) or fax (949) 425-3899

Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Checked from Date: \_\_\_\_\_ Time: \_\_\_\_\_

Home Checked to Date: \_\_\_\_\_ Time: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does Emergency Contact have a key to the location? Yes \_\_\_\_\_ No \_\_\_\_\_

Gated Community: Yes \_\_\_\_\_ No \_\_\_\_\_ If Gated Community, the Code Number is \_\_\_\_\_

Newspapers/Mail taken care of? Yes \_\_\_\_\_ No \_\_\_\_\_

Backyard gate locked? Yes \_\_\_\_\_ No \_\_\_\_\_

Dog in yard? Yes \_\_\_\_\_ No \_\_\_\_\_

Gardener? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, day of week \_\_\_\_\_

Housekeeper? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, day of week \_\_\_\_\_

Car(s) in driveway? \_\_\_\_\_

Family members or visitors in home? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Names \_\_\_\_\_

Lights: On \_\_\_\_\_ Off \_\_\_\_\_ Hours On \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Swimming Pool? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information:

\_\_\_\_\_

Received by Aliso Viejo Police Services on Date: \_\_\_\_\_