

Chula Vista Police Department

Senior Volunteer Patrol

315 Fourth Ave

Chula Vista, CA 91910

Tel# (619) 476-2417 Fax: (619) 476-2420

Email: svpp@chulavistapd.org

For Office Use Only

Date: _____

Received By: _____

Log Book #: _____

Grid: _____ Sector: _____

Vacation check # _____

RESIDENTIAL VACATION HOUSE CHECK REQUEST

Password: _____

Note: A **PASSWORD** will be used to verify your identity and anyone on the premise when we check your residence. If he/she does not know the password, the regular patrol of the Chula Vista Police may be notified.

Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Alarm Company Name (If any): _____ Gardener's Name: _____

Lights left on? Yes / No Are they on timers? Yes / No

Windows open? Yes / No Front Windows? Yes / No Side? Yes / No Back? Yes / No

Any pets? Yes / No Pet sitter? Yes / No What day? _____

Housekeeper? Yes / No What Day? _____

Vehicle(s) left outside: _____

Year	Make	Model	Color	License
_____	_____	_____	_____	_____

Other Authorized Person on Premises Phone # Cell #

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ City: _____

Phone #: (_____) _____ cell #: (_____) _____

Any additional Information: _____

Vacation checks for Chula Vista residents are not a requirement by law, but are provided as a courtesy to the community by the Chula Vista Police Department. While you are on vacation, your house will be checked, **FOR A MAXIMUM OF 90 DAYS**, by members of the Senior Volunteer Patrol (SVP) Program. Volunteers will check your residence daily, when staffing allows. The Residential Vacation House Check Program is not intended to provide you with additional law enforcement services. Please be aware that police officers will not check your residence unless suspicious activity is noted by the SVP Volunteer (s).

PLEASE NOTIFY THE SENIOR VOLUNTEER PATROL AT (619) 476-2417 WHEN YOU RETURN.

ALSO LET US KNOW IF YOU RETURN EARLIER THAN SCHEDULED OR IF THE HOUSE WILL BE OCCUPIED PRIOR TO YOUR RETURN.

Resident Signature _____ Date: _____

Please FAX the form, email it or bring to our office.

If form is **NOT SIGNED**, SVP will only DRIVE BY your premises.