

**ANTIOCH POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE
HOUSE CHECKS**

Name: _____ Phone No: _____
Address: _____ Zip: _____ Cross Street: _____

Date/Time of Departure: _____ Date/Time of Return: _____

LOCAL EMERGENCY CONTACT: You must designate a local contact person.

Name: _____ Phone Nos.: _____ A.M. _____ P.M.
Address: _____ Zip: _____ Do they have a key? _____

AUTHORIZED VEHICLES LEFT ON THE PROPERTY OR IN DRIVEWAY: (Those not listed will be subject to investigation.)

Year _____	Make _____	Model _____	Color _____	Lic # & State _____
Year _____	Make _____	Model _____	Color _____	Lic # & State _____
Year _____	Make _____	Model _____	Color _____	Lic # & State _____
Year _____	Make _____	Model _____	Color _____	Lic # & State _____

ALARMS:

Premise Alarm YES _____ NO _____
Alarm Company and Phone Number: _____

PERSONS ALLOWED ON PROPERTY: (Lawn, pet care, etc.)

Name: _____ Name: _____
Name: _____ Name: _____

HOUSE SITTER INFORMATION:

Name: _____ Hours & Days will be present: _____
Contact Phone Nos.: _____ A.M. _____ P.M.

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS.

_____ Broken windows or screens? _____ Where? _____
_____ Pets in yard? What type? _____ How many? _____
_____ Rear yard locked? _____ Mail stopped? _____ Newspaper stopped?

ADDITIONAL INFORMATION: _____

I understand that house checks will be performed as time permits. The signature on this form releases the City of Antioch Police Department of all liability or damages occurring during this time period.

SIGNATURE: _____ **DATE:** _____

Please submit your request 5 days prior to your departure by mail or fax as noted below:
Antioch Police Department, 300 'L' Street, Antioch, CA 94509
Attention: House Check Desk
Fax No. (925) 779-6829
All questions should be directed to the House Check Hotline, 925 779-6980