VACATION CHECK REPORT

Long Beach Police Department | Senior Police Partners
Contact: SPP@longbeach.gov or 562-570-7212

Patrol Area: North ☐ South ☐ East ☐ West ☐

CLEAR FORM

RESIDENT'S NAME: _____

ADDRESS: _____ **APT#:** _____

ZIP CODE: _____ **TELEPHONE#:** _____

CROSS STREETS: _____ / _____

Departure Date/Time: _____ at _____ hrs.

Return Date/Time: _____ at _____ hrs.

Dog on Premises: Yes ☐ No ☐ Backyard Access: Yes ☐ No ☐ Cars in Driveway: Yes ☐ No ☐

Vehicle Description/License Number(s): _____

Alarm: Yes ☐ No ☐ Alarm Company Telephone #: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ Zip Code: _____

Telephone Number: _____ Keys To Residence: Yes ☐ No ☐

PERSONS AUTHORIZED TO BE ON PREMISES:

Name: _____ Name: _____

Name: _____ Name: _____

SPECIAL INSTRUCTIONS:

Request Taken By:
Name: _____
Date/Time: ___/___/___ at _____ Hrs.

Cancellation Taken By:
Name: _____
Date/Time: ___/___/___ at _____ Hrs.

Completed By:
Name: _____
Date/Time: ___/___/___ at _____ Hrs.

Page _____

VACATION CHECK REPORT

Long Beach Police Department
Senior Police Partners

Continuation Sheet

Resident: _____ Address: _____

DATE	TIME	SPP'S	OBSERVATIONS / COMMENTS
			REV 12/2021