



BERKELEY POLICE DEPARTMENT

VACATION WATCH FORM- CHECKS WILL BE PERFORMED AS OFTEN AS TIME PERMITS DURING THE SHIFT.

Name		Premise Phone	
Address		Cross Street	
Departure Date		Returning Date	

LOCAL EMERGENCY CONTACT			
Name		Phone	
Address		Do they have keys? Yes <input type="checkbox"/> No <input type="checkbox"/>	

VEHICLES ON PROPERTY (not including inside the garage)				
Year	Make	Model	Color	License

ALARMS			
Does the house have an alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will monitoring be on? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Alarm Company		Phone Number	

PERSONS AUTHORIZED ON PROPERTY (lawn/pet care, etc)			
Name		Phone Number	
Name		Phone Number	

HOUSE SITTER INFORMATION			
Name		Phone Number	
Hours and dates present			

Please indicate YES or NO

Did you leave any lights on? YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you leave any music on? YES <input type="checkbox"/> NO <input type="checkbox"/>	Rear yard locked? YES <input type="checkbox"/> NO <input type="checkbox"/>
Mail stopped? YES <input type="checkbox"/> NO <input type="checkbox"/>	Newspaper stopped? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Broken windows? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, where?	
Pets? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, what kind?	

I would like to receive an email confirmation of my request

Yes (Please provide email address): _____

No

For office use only

Routing	Team: 1 2 3 4 5 6 7 Communications Center, Watch Commander, CSB				
Date distributed:		Distributed by:		BEAT	