



# BERKELEY POLICE DEPARTMENT VACATION WATCH FORM

## VACATION HOUSE CHECK

*Vacation house checks will be performed as often as time permits.*

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?	

*For office use only*

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

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