



Duncanville Police Dept.

Residential Vacation Check Request Form

Please Print

mm/dd /yr Day of Week AM/PM mm/dd /yr Day of Week AM/PM
Depart Date / / (S)(M)(T)(W)(TH)(F)(S) (AM)(PM) Return Date / / (S)(M)(T)(W)(TH)(F)(S) (AM)(PM)

Name _____ Home Phone _____
Address _____ Cell Phone _____

Names and Numbers to Call in Case of an Emergency

_____ Home Phone _____ Cell Phone _____
_____ Home Phone _____ Cell Phone _____

Please list any vehicles that will be left in the driveway

Lic Plate _____ Make _____ Color _____
Lic Plate _____ Make _____ Color _____
Lic Plate _____ Make _____ Color _____

Please check Yes or No

Any dogs left in the yard? Yes No
Any lights left on? Yes No
Have you stopped your paper? Yes No
Have you stopped your mail? Yes No
Have you notified your neighbors? Yes No
Do you have an alarm? Yes No

(If Yes to alarm, provide the name and phone number of a person who can turn it off 24 hours/day)

Additional Information

***Note: Vacation checks may or may not be conducted dependent upon various factors including, but not limited to, staffing and call load, etc.**

