



**Duncanville Police Dept.**

**Residential  
Vacation Check  
Request Form**

*Police Department Use Only*

Premise Code Entered \_\_\_\_\_ Date \_\_\_\_\_

Premise Code Cleared \_\_\_\_\_ Date \_\_\_\_\_

District:      111      112      113      114

**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.**

