



**City of Santa Fe Springs
Department of Police Services
Vacation Security Check Request**

Address: _____

Name: _____ Phone: _____

Depart: _____ Return: _____

***Resident, please inform the Department of Police Services if you return early. Also, please note that the vacation security check request is only for a maximum of 14 consecutive days.**

Pets at home: Yes _____ No _____ Describe: _____

Alarm System: Yes _____ No _____ Describe: _____

Vehicle parked in driveway? Yes _____ No _____ Number of Vehicles: _____

Description: _____

House sitter: Yes _____ No _____ Name: _____ Phone: _____

Gardener: Yes _____ No _____ Name: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____

***Resident Special Notes:**

Persons Authorized on Property (Lawn/Pet Care etc.)

Name: _____ Reason: _____

Name: _____ Reason: _____

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The undersigned does hereby grant and request the Department of Police services and its Public Safety Officers to visually inspect the property listed on this form. The undersigned does hereby agree to hold harmless the City of Santa Fe Springs, its employees, and/or agents from any claim for personal injury, loss or damage to property that may be suffered by the undersigned, through any action or lack thereof, by a representative of the City of Santa Fe Springs and/or Whittier Police Department. Further, the undersigned understands and agrees that this is a voluntary, free service and does not create a special duty upon the city and will be provided only as time is available, and no guarantee is made, nor assurance given against loss, theft, or damage to premises. The undersigned does hereby agree to secure premises when leaving and will take whatever security measures at his/her disposal to cooperate in preventing crime, fire, or other incidents from occurring. The undersigned has noted any conditions that will assist the Department of Police Services during these checks.

Print Name

Signature

Date

Police Service Center Use Only

Employee Accepting form: _____ ID: _____ Date: _____

