



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

Depart Date / / (S)(M)(T)(W)(TH)(F)(S) (AM)(PM) Day of Week AM/PM Return Date / / (S)(M)(T)(W)(TH)(F)(S) (AM)(PM) Day of Week 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.**