



RIVERSIDE POLICE DEPARTMENT

Vacation Request Check List

Fill this form out and deliver in person to the Riverside Police. Bring PHOTO ID when turning in this request.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

REASON FOR EXTRA PATROL: _____

TYPE OF PREMISES: RESIDENCE: ___ BUSINESS: ___ OTHER: _____

PROTECTED BY ALARM SYSTEM: YES ___ NO ___

TYPE OF ALARM: _____

ALARM COMPANY: _____

LIGHTS ON: YES ___ NO ___ AUTOMATIC: YES ___ NO ___

VEHICLES LEFT ON PROPERTY? YES ___ NO ___

IF YES, DESCRIBE:

KEYS LEFT WITH ANYONE: YES ___ NO ___

IF YES, NAME: _____

ADDRESS: _____

PHONE: _____

OTHER PERSONS HAVING ACCESS TO PREMISES:

IN CASE OF EMERGENCY DO YOU WANT TO BE NOTIFIED?

YES ___ NO ___ C/O NAME: _____

ADDRESS: _____ PHONE: _____

I REQUEST A SECURITY CHECK ON MY HOME FROM _____

TO _____ .

REQUESTOR SIGNATURE: _____ DATE: _____

DEPARTMENTAL USE:

OFFICER ACCEPTING FORM: _____ BADGE #: _____ DATE: _____

INCIDENT NUMBER: _____