



CITY OF RANCHO SANTA MARGARITA POLICE SERVICES

22112 El Paseo
Rancho Santa Margarita, CA 92688
Police Services Phone (949) 635-1817



VACATION PATROL REQUEST FORM

This form should be used by a resident who is requesting Rancho Santa Margarita Police Services to conduct a physical check(s) of their residence by the Police when they are on vacation. Please complete the following application and submit it to Rancho Santa Margarita Police Services at the above address.

PART 1: RESIDENCE AND HOMEOWNER INFORMATION

Homeowner Name:		Address of residence to be checked:	City:
Home Phone	Cell Phone	Residence to be checked during the following dates: From: _____ To: _____	

PART 2: ADDITIONAL INFORMATION

Should we contact you if there is an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the phone number you can be reached at: _____		
In the event that you cannot be reached, please provide the name and phone number of an Emergency Contact: Name: _____ Phone Number: _____		
Does the emergency contact person have a key to this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will a gardening service be at your residence during the time you will be away? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the name of the gardening service: _____		
Will there be any cars left in the driveway during the time you will be away? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the make, model and color of each car below: Vehicle #1: Make _____ Model _____ Color _____ Vehicle #2: Make _____ Model _____ Color _____ Vehicle #3: Make _____ Model _____ Color _____		
Are you planning to leave any lights on in the home during the time you will be away? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the hours when those lights will be on. From: _____ To: _____		
Do you have a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No Will a pool service be coming by during the time you will be away? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the name of the pool service and what day/time they will be there: Name: _____ Day of Week: _____ Time: _____		
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the name of the alarm service and phone number for emergency purposes: Name: _____ Phone Number: _____		
Do you have a dog that will be left in the yard during the time you will be away? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the name and phone number of the person or service that will be caring for the dog: Name: _____ Phone Number: _____		
Do you expect any visitors at your home during the time you will be away? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the name and phone number of the persons visiting and expected times or dates of visits: Name: _____ Phone Number: _____ Dates/Times: _____		
Have you made arrangements to have your newspapers and mail taken care of while you are away? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there anything else we should be aware of while you are away? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide that information below: _____		

PART 3: FOR POLICE SERVICES USE ONLY:

This form was received by Police Services:	
By: _____	Date Received: _____