



Wheatland Police  
Department Vacation  
House Check

DL# \_\_\_\_\_

Address Match ☐ Yes ☐ No

Accepted by: \_\_\_\_\_

Resident Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Address \_\_\_\_\_

Date/Time of Departure \_\_\_\_\_ Date/Time of Return \_\_\_\_\_

Vacation Destination: ☐ Local ☐ Out of State ☐ Out of Country

Local Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Address \_\_\_\_\_ Contact has key (Y/N) \_\_\_\_\_

Vehicles Left On Property

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic# \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic# \_\_\_\_\_

Lawn Service, Pest Control or Pool Maintenance (Y/N) \_\_\_\_\_

Lights left on or on timer? (Y/N) \_\_\_\_\_

Animals in backyard? (Y/N) \_\_\_\_\_

Is house alarmed (Y/N) \_\_\_\_\_ Aud/Sil \_\_\_\_\_ Company \_\_\_\_\_

Anyone checking on home? (Y/N) \_\_\_\_\_ (If yes, vacation watch will not be provided.)

Please list any potential hazards at the residence: \_\_\_\_\_

Additional Information \_\_\_\_\_

I understand that Vacation House Checks will be performed as time permits over a four week maximum time period. Vacation House Checks will not be performed on vacant properties. The signature on this form releases the City of Wheatland Police Department of all liability for loss of property or damage occurring during this time period.

By \_\_\_\_\_ Date \_\_\_\_\_