

**Tarpon Springs Police Department
Vacation House Check Program**

House Address: _____

Name: _____ Phone: _____

Cell Phone: _____

Departure Date: _____ Return Date: _____

In Case Of An Emergency, Where Can You Be Reached: Phone : __ (____) _____

Address: _____

Does Anyone Have Keys To Your House While You Are Away? Yes _____ No _____ If Yes, insert their name below

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Do you have an alarm system? Yes _____ No _____ Does person with keys have code? Yes _____ No _____

Will anyone be working on the premises during your absence? (Lawn service, Pest Control, Etc.) Yes _____ No _____

If Yes, who: _____

Will any lights inside the house be on timers at night? Yes _____ No _____ List locations below

Room	Time On	Time Off
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use back of form if more room is needed.

Will any cars be parked in the driveway? Yes _____ No _____ If Yes, list make, model, tag number below

* Make _____ Model _____ Color _____ Tag # _____

* Make _____ Model _____ Color _____ Tag # _____

Use back of form if more room is needed

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I am submitting this request to notify the Tarpon Springs Police Department that I will be out of town and my home will be unoccupied for the time period listed above. I agree that I will immediately notify the Tarpon Springs Police Department of my return in order for this vacation check request to be cancelled. I also give permission for members of the Tarpon Springs Police Department to enter onto my property to conduct these checks of my home and if necessary, to enter the premises in the event of an emergency, (open door, open window), or some other exigent circumstance. I understand that members of the Tarpon Springs Police Department will make checks of my residence and exercise due diligence to prevent crime and insure that my property is secure. I also understand that no measure can always be totally effective and agree to hold the Tarpon Springs Police Department harmless in the event of circumstances beyond their control, which results in damage to or loss of my property.

**RETURN FORM TO: Tarpon Springs Police Department, 444 S. Huey Ave., Tarpon Springs, FL., 34689
ATTN: Crime Prevention Office**

Signature _____

Date _____