



POLICE DEPARTMENT

Chief of Police John D. Noland



Request Number: _____ Request Date: _____ Request Taken By: _____

Your Name: _____
(Last) (First) MI

INFORMATION ABOUT YOUR HOME & VEHICLES

Address: _____ Subdivision: _____

Your Telephone Number: _____ Is there rear access? Y___ N___

The home will be vacant from: _____ (mm/dd/yy) Until: _____ (mm/dd/yy)

Number of vehicles that will be parked at the home: _____

Veh 1: _____ License Number: _____
Make, Model, Color, & Year State Number

Located in: ___ Garage ___ Driveway ___ Street

Veh 2: _____ License Number: _____
Make, Model, Color, & Year State Number

Located in: ___ Garage ___ Driveway ___ Street

HOW CAN WE REACH YOU

Where are you staying? _____
Address City State Zip

Additional Phone No: _____ Cell Phone No: _____

LOCAL CONTACT(S)

1. Caretaker's Name: _____ Phone No: _____ Cell Phone No: _____

Caretaker's Addr: _____
Address City State Zip

2. Caretaker's Name: _____ Phone No: _____ Cell Phone No: _____

Caretaker's Addr: _____
Address City State Zip

If packages are delivered, who would you like us to contact.

Contact: _____
Name Phone number

Alarm Company Name: _____ Phone No: _____

I hereby authorize home checks to be conducted in my absence. I understand and acknowledge that a request for a vacation home check pursuant to this program does not guarantee the safety or security of my property. I further acknowledge that the Town of Sahuarita is in no way responsible for my property in my absence and that Sahuarita VIPS and the Sahuarita Police Department may visually and/or inspect my premises during their patrols.

Signature X _____ Date _____