# VACATION CHECK

The Ripon Police Department offers **Vacation Checks** through its Volunteers In Police Services Program. Please note the following guidelines for a **Vacation Check.**

1) Vacation Checks are for two week intervals only. If your vacation will be longer than two weeks, we ask that you take extra forms and mail them accordingly, or have a family member renew/update your request.

2) Once you return home, notify the Police Department as soon as possible. For safety reasons we can not allow vacationers to be **IN AND OUT** during the time frame specified.

3) Each time you leave for vacation please fill out a new **VACATION CHECK REQUEST FORM.**

4) Fill out form as neatly and accurately as possible. If a space does not apply please place N/A where applicable. **DO NOT LEAVE ANY BLANK SPACES.**

5) Personnel conducting Vacation Checks are Volunteers. Therefore we can not guarantee that your home will be checked on a daily basis.

**The City of Ripon, it's employees and volunteers, shall not be held liable should there be any Vandalism, Theft or any Crime Committed on your Property during your absence.**

# REQUEST FOR VACATION CHECK

(PLEASE PRINT OR TYPE LEGIBLY)

**ADDRESS:**_____ **REPORTING DISTRICT**_____

NAME:_____ HM PH#_____

DEPARTURE DATE:_____ RETURN DATE:_____

TYPE OF PREMISES: (CIRCLE ONE) **RESIDENCE** **BUSINESS** **OTHER** _____

VEHICLES LEFT IN DRIVEWAY: (CIRCLE ONE) **YES / NO** LICENSE # _____

ALARM SYSTEM: (CIRCLE ONE) **YES / NO** IF YES, ALARM COMPANY PHONE#_____

ALARM COMPANY NAME: _____

LIGHTS ON TIMER?: (CIRCLE ONE) **YES / NO** DOG(S) ON PREMISES: (CIRCLE ONE) **YES / NO**

KEY HOLDER?: (CIRCLE ONE) **YES / NO** IF YES: NAME_____PH#_____

WILL ANYONE BE WORKING ON THE PREMISE DURING YOUR VACATION?: (CIRCLE ONE) **YES / NO**

IF YES, NAME: _____ TYPE OF WORK?: _____DATE: _____

**IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL?:**

(CIRCLE ONE) **YES / NO** IF YES, PHONE#: _____ C/O NAME: _____

ADDRESS: _____ CITY/STATE: _____

**I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES, AND AGREE TO NOTIFY YOU OF MY RETURN. I ALSO AGREE TO HOLD THE CITY OF RIPON, IT'S EMPLOYEES AND VOLUNTEERS, FREE FROM ANY LIABILITY SHOULD THERE BE ANY VANDALISM, THEFT OR ANY CRIME COMMITTED ON MY PROPERTY DURING MY ABSENCE.**

SIGNATURE:_____ DATE OF REQUEST: _____

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## V. I. P. S. SECURITY CHECK REPORT

| DATE | TIME IN | TIME OUT | COMMENTS (i.e.; SECURE, OPEN WINDOW ETC.) | INITIALS |
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