



SANTA ANA POLICE DEPARTMENT

HOUSE SECURITY CHECK FORM

Name: _____ Phone No: _____

Address: _____ Zip: _____ Cross Street: _____

Date/Time of Departure: _____ Date/Time of Return: _____

LOCAL EMERGENCY CONTACT: (You must designate a local contact person)

Name: _____ Phone No: _____

Address: _____ Zip: _____ Do they have a key? YES NO

AUTHORIZED VEHICLES LEFT ON THE PROPERTY OR IN DRIVEWAY: (Those not listed will be subject to investigation)

Year _____ Make _____ Model _____ Color _____ Lic # & State _____

Year _____ Make _____ Model _____ Color _____ Lic # & State _____

Year _____ Make _____ Model _____ Color _____ Lic # & State _____

Year _____ Make _____ Model _____ Color _____ Lic # & State _____

ALARMS:

Premise Alarm: YES NO Alarm Company: _____ Phone Number: _____

PERSONS ALLOWED ON PROPERTY: (Lawn, pet care, etc.)

Name: _____ Name: _____

HOUSE SITTER INFORMATION:

Name: _____ Hours & Days will be present: _____

Contact Phone No.: _____ Relationship: _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

Broken windows or screens? YES NO Where: _____

Pets in yard: YES NO What type: _____ How many: _____

Rear yard locked: YES NO Mail stopped: YES NO Newspaper stopped: YES NO

FOR ADDITIONAL INFORMATION, PLEASE ATTACH TO THIS FORM.

I understand that house security checks will be performed as time permits. The signature on this form releases the Santa Ana Police Department of all liability or damages occurring during this time period.

SIGNATURE: _____ DATE: _____

Please submit your request 5 days prior to your departure by mail or in person as noted below:
Santa Ana Police Department, 60 Civic Center Plaza, Santa Ana, CA 92702
Attention: VIPs-Field Operations