



MELBOURNE POLICE DEPARTMENT

650 N. Apollo Blvd.
Melbourne, Florida 32935



Vacation House Check

Start Date: _____ End Date: _____ (30 Day Maximum)

IT IS VERY IMPORTANT YOUR HOUSE IS SECURE BEFORE LEAVING! We will NOT check houses which are empty, 'For Sale', or if someone is staying there while you are away.

Name: _____

Address: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Timer or Motion Lights: YES / NO Room/Location: _____

Lawn/Pool Maintenance: YES / NO Company Name: _____ Phone: _____

Alarm System: YES / NO Company Name: _____ Phone: _____

Vehicle in Driveway: YES / NO Year-Make-Model: _____ Tag No: _____

LOCAL EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Contact has key: YES / NO

DISCLAIMER:

I ACKNOWLEDGE THAT THIS SERVICE IS OFFERED BY A VOLUNTEER ORGANIZATION THAT IS NOT MADE UP OF ANY CITY OF MELBOURNE EMPLOYEES AND THAT THE CITY OF MELBOURNE MAKES NO REPRESENTATION OR GUARANTEE THAT MY HOUSE WILL BE INSPECTED DURING MY VACATION IF THERE ARE NOT SUFFICIENT VOLUNTEERS TO DO SO.

HOMEOWNERS SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY INCLUDING DIRECTIONS

VCOP Verification: _____