PALMDALE STATION - VACATION CHECK





First Name:	Last Name:
E-mail:	Phone #:
Start date o	F vacation: End date of vacation:
Address of I	ocation to be checked:
Acc	ess Code if Gated Property:
Dogs at loca	tion? YES□ NO□ Alarm System? YES□ NO□
Lights on tir	ner? YES NO Vehicles at location? YES NO
Vehicle desc	ription:
Emergency	Contact Person:
	son's Address:
	son's Phone#:
Does this Co	ntact Person have keys to your residence? YES \square NO \square
Anyone stay	ing at your residence while you are away? YES NO
If YES, name	and phone number:
	Any other information you feel would be helpful for us to know?

Email the completed form to PalmdaleVacationChecks@lasd.org OR print it out and hand deliver to the Palmdale Sheriff's Station