FONTANA POLICE DEPARTMENT

VACATION / EMPTY PROPERTY CHECK SHEET

Location:		
Date Leaving:	Date Returning:	
	Not to exceed 6 Months.	
If no return	date is listed, this request will be canceled after 3 months	
Name / Owner:		
Address I Can Be Reached At: _		
Phone #	Cell Phone #:	
Email:		
Alarm Company Name:		
Visible Vehicles: No Yes	s Describe:	
Lights on Timer? No Yes	s From: to	
Person(s) checking property / ke	y holder information	
Name:	Phone:	
Name:	Phone:	
Doing what: Checking Daily	Checking periodically	
Additional Information:		
purpose of inspection to ensure property a permission to be there.	ce Department to enter upon my property during the time indicated is secure: and further authorize identification / verification of pers	on/s on property and their
	ny property that is authorized to be there without prior notice to t will be canceled a new request will have to be completed.	<mark>he Fontana Police</mark>
☐Filled out in person	Over the phone request	
Signature:	Date:	
ENTEDED INTO DDO DUOENIY	DV	