



Vacation House Checks

The Tracy Police Department offers a vacation house check program. If you will be away from your home within the Tracy city limits for a period of up to 60 consecutive days you can submit the attached vacation house check and waiver of liability form.

Required Information

You must provide a contact telephone number for yourself and information for an emergency contact person who has a key to the residence, including that person's address and telephone number. In addition, you need to advise the Police Department about any important information regarding your house, including vehicles left in the driveway or individuals authorized to enter the residence.

After Submission

After the vacation house check form has been submitted, it is included in a logbook of vacation house check sites. A member of our Volunteer in Police Services will conduct a check of your residence as often as reasonably possible. The Police Department cannot guarantee that a check of your residence will be made every day. Your residence doors and windows will be checked for any evidence of forced entry or attempted forced entry and your home will be visually checked for any other damage or vandalism. As an important reminder, a vacation house check will not include picking up your mail or newspaper. That is a critical part of helping ensure that your home is not burglarized in your absence that is your responsibility.

City of Tracy Vacation House Check Release and Waiver

I understand that:

Vacation house checks will be performed as time permits, and your signature on this form releases the City of Tracy Police Department of all liability or damages during your absence.

Signature _____ Date _____



VOLUNTEERS IN POLICE SERVICES

Vacation House Check Log

DATE	TIME	OCEAN#

Supervisor's signature _____ Date _____



TRACY POLICE DEPARTMENT

VACATION HOUSE CHECK



Please, complete this form then email, fax, mail or turn in to the:
Tracy Police Department 1000 Civic Center Drive, Tracy, CA 94376.
Attention: VIPS Vacation House Check Desk
Email: vips@ci.tracy.ca.us Fax: (209) 831-4022

Residents Name(s) _____

Address: _____ Telephone # _____

Location: _____

Start Date: _____ End Date: _____

Emergency Contact Name & Telephone #: _____

Emergency Contact Address: _____

Do they have a key? N Y House Alarmed? N Y

Alarm Company: _____

Monitored Alarm: N Y

Lights on a timer? N Y Hours? _____

Rooms? _____

Pets? N Y Type? _____

Paper Stopped? N Y Mail Stopped? N Y

Vehicles on property or street? N Y

Vehicle Description: Year: _____ Make: _____

Model: _____ Lic. Plate: _____ Color: _____

Second Vehicle:

Year: _____ Make: _____

Model: _____ Lic. Plate: _____ Color: _____

Third Vehicle:

Year: _____ Make: _____

Model: _____ Lic. Plate: _____ Color: _____

Is there a gardener, pool service, house cleaning or anyone else that will be at the location?

Additional concerns or information the officer's should know about?

Reason for patrol request:
