

Escalon Police Department

2040 McHenry Avenue, Escalon, California 95320 (209)691-7300 - FAX (209)838-6561

Mike Borges, Chief of Police

Request for Vacation Check or Security Check

Location of Security Cl	neck:	
Departure Date:	Return Date:	Destination:
Requesting Person's In	formation:	
Name		Driver License Number
Phone numbers or you can be reac	hed at in case of an emergency (email ad	ldress if applicable)
Person(s) Allowed on I	Property During Your Abse	ence:
Local Emergency Cont	acts or Person(s) with keys	to your residence:
Name	Address	Phone Number(s)
Name	Address	Phone Number(s)
	List Color, Year, Make, and	,
Alarm system installed	? Yes No If yes: Comp	pany & Phone #:
Pet(s) on Property? Y	es No If yes: Type (Circle)	& Description:
Security/Vacation Checks a	re performed as a courtesy and o	theft or damage occur to your property. only as time permits. You should have mail and as having someone take care of pets, lawn, gardening,
I request a security check be I have read and understand		e to notify the Escalon Police Department of my return.
Signature:		Date: