



CITY OF CARNATION KING COUNTY SHERIFF'S OFFICE



VACATION/HOUSE CHECK FORM

Please fill out this form and return by mail, fax or hand-delivery to the Carnation City Hall. Information provided at the bottom of form.

VACATION HOUSE CHECK

PROTECTIVE DRIVE BY

EMPTY HOUSE CHECK

NAME: _____

HOME# _____

ADDRESS: _____

CELL# _____

EMAIL ADDRESS: _____

DATES OF SERVICE: FROM _____ TO _____

1. SPECIAL CONCERNS: _____

2. LOCAL CONTACTS (FOR AN EMERGENCY REQUIRING IMMEDIATE ATTENTION):

NAME: _____ HOME#: _____ CELL#: _____

DO THEY HAVE A KEY? YES NO

NAME: _____ HOME#: _____ CELL#: _____

DO THEY HAVE A KEY? YES NO

3. NUMBER WE CAN REACH YOU (IF OTHER THAN YOUR CELL): _____

4. PROPERTY ALARMED? YES NO MOTION LIGHTS OUTSIDE? YES NO

MONITORING COMPANY'S NAME & PHONE: _____

5. ANYONE STAYING AT OR SERVICING YOUR HOME (pet service, plant watering, etc.)? YES NO

NAME: _____ PHONE# _____

NAME: _____ PHONE# _____

6. WHICH INSIDE LIGHTS (IF ANY) WILL BE ON OR ARE ON TIMERS? DESCRIBE LOCATIONS AND TIMER SCHEDULE: _____

7. LIST AND DESCRIBE ANY VEHICLES THAT WILL BE PARKED OUTSIDE THE GARAGE BY YOU OR PERSON(S) STAYING THERE: _____

8. I.D. AND LIST ANY PET STAYING IN THE HOME: _____

9. ADDITIONAL COMMENTS: _____