



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

FREE HOME VACATION CHECK

HAVE ONE LESS WORRY WHILE YOU'RE AWAY



The San Diego County Sheriff's Department offers free home vacation checks year-round. Let us know when you are leaving and the Sheriff's Department Senior Volunteer Patrol will keep a watchful eye on your home while you are away.

What to Expect Out of the Free Service

The Sheriff's Department Senior Volunteer Patrol will do the following security inspections around your home Monday through Friday:



Check your home for broken windows, open doors, garages, or other suspicious activity.



Call for a deputy's assistance if there is a problem.



Hide newspapers and packages away from public view.

For More Information, Contact Your Local Sheriff's Station

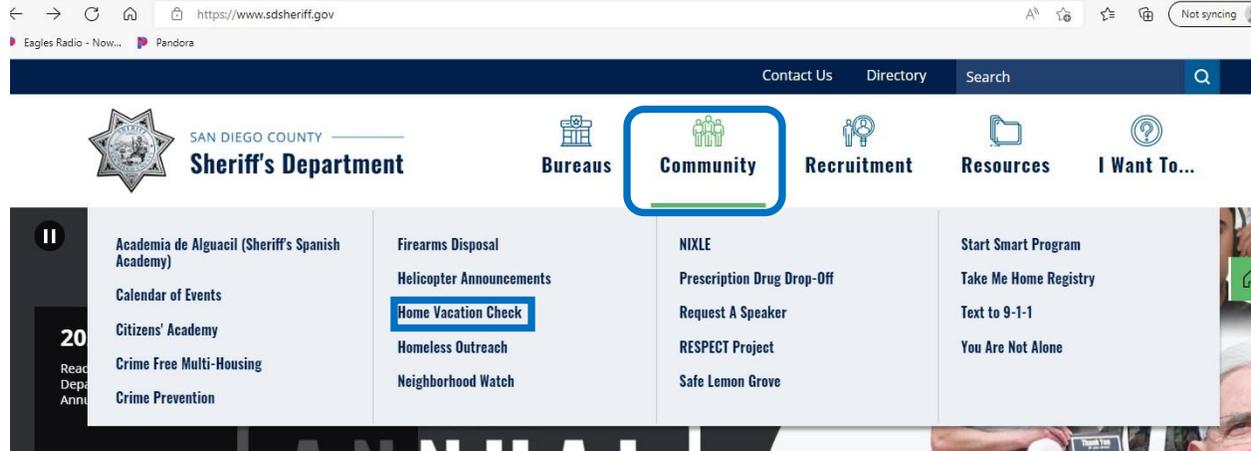
4S Ranch Substation	(858) 521-5200	Poway Station	(858) 513-2800
Alpine Station	(619) 659-2600	Ramona Substation	(760) 789-9157
Fallbrook Substation	(760) 451-3100	Rancho San Diego Station	(619) 660-7000
Imperial Beach Station	(619) 498-2400	San Marcos Station	(760) 510-5200
Lakeside Substation	(619) 938-1360	Santee Station	(619) 956-4000
Lemon Grove Station	(619) 337-2000	Valley Center Substation	(760) 751-4400
North Coastal Station	(760) 966-3500	Vista Station	(760) 940-4564

Website: www.sdsheriff.gov

Select Community

Selection Home Vacation Check

Complete and submit the Vacation Check Request Form to the Sheriff station located at 182 Santar Place San Marcos, CA 92069 (behind the DMV)



 **San Diego County SHERIFF'S DEPARTMENT**

VACATION CHECK REQUEST

REQUESTOR

Name _____

Address _____

E-Mail _____

Primary Home Phone _____ Primary Away Phone _____

Alternate Home Phone _____ Alternate Away Phone _____

Depart (Date/Time) _____ Return (Date/Time) _____

Gated Community/Property? Yes No Gate Code _____

Animals on Property? Yes No Describe _____

Alarm? Yes No Alarm Company Name _____

Armed Response? Yes No Alarm Company Phone _____

Vehicles Left in Driveway

Color	Make	Model	License Plate #

Scheduled Periodic Service (e.g. gardener, pool, etc.)

Service Type	Provider's Name/Company	Service Dates

Local Emergency Contact (preferably with a key to the residence)

Name _____ Relationship _____

Primary Phone _____ Alternate Phone _____ Has key? Yes No

Address: _____

Additional Information

**SUBMIT THIS FORM IN PERSON AT YOUR LOCAL SHERIFF STATION AT
LEAST FIVE DAYS PRIOR TO DEPARTURE**