



TEQUESTA POLICE DEPARTMENT

CLOSED HOME, SEASONAL, VACATION, COURTESY RESIDENTIAL CHECKS APPLICATION FORM



Dates Vacant: Leaving: _____ Returning: _____

Last Name: _____ First Name: _____

Address: _____ Phone: _____

How can we contact you while you're away? _____

Does the premise have an alarm system? Yes No Will it be turned on? Yes No

Will there be lights left on? Yes No Are the lights on a timer? Yes No

Do Police and / or Fire Rescue Personnel have permission to enter the premises in case of an emergency?
Yes No

Please provide a local contact in the event there is an emergency at your property:

Name _____ Home #: _____

Address _____ Cell #: _____

Please list any vehicles that you plan to leave in your driveway during your absence:

Tag# / State _____ Vehicle Description: _____

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Tag# / State: _____ Vehicle Description: _____

Please list any weekly/monthly home services you have scheduled during your absence:

Yard Service Company: _____ Days: _____

Pool Service Company: _____ Days: _____

Extermination Company: _____ Days: _____

Please provide any additional information you would like us to be aware of: _____

Residents Signature: _____

Date: _____