



**Public Safety Department
Residential Check**

Name: _____ **Physical Address:** _____

Track & Lot # : _____ **Home Phone:** _____

Cell Phone: _____ **Departing:** _____ **Returning:** _____

Phone Number you can be reached at: _____

Responsible Party with key / alarm code: _____

Phone Number: _____ **Lights Left On:** _____

Alarm System / Company: _____

Person(s) Authorized to be on/in Residence:

1) _____ 3) _____

2) _____ 4) _____

Vehicles left on property: (Year, Make, Model, Color, License):

I request special patrol of my property/ residence between the dates listed above. I understand that the Spring Valley Lake Public Safety Department, or their representatives, will check my property/residence periodically, subject to their availability. I also understand that Spring Valley Lake Public Safety Department cannot provide constant protection of my property / residence, and I therefore assign NO liability to the Spring Valley Lake Public Safety Department for any damage or criminal act to my property / residence during that time.

Signature of person making request

Date

Signature of Department Personnel

Date

Notes: _____

When completed, please return this form to the Public Safety Department in person at 12975 Rolling Ridge Dr., Victorville, CA, 92395, or via email at dispatchoffice@svla.com.