



Dacono Police Department

512 Cherry Avenue — Post Office Box 117 Dacono, Colorado 80514
Office (303)833-3095 Fax (303)833-0634
www.cityofdacono.com

VACATION WATCH FORM

Vacation house checks will be limited to a maximum of two (2) months. Security checks of vacant residences will be limited to a maximum of one (1) month. Either residence check may be reinstated for one (1) additional month at the termination of the initial time period.

Name of Owner / Renter / Manager (circle one): _____

Address: _____ Phone: _____

Departure Date: _____ Return Date: _____

Type of Premise: Residence Business Other _____

Type of check to be done: Spotlight Physical Both

Emergency Contact Information

In case of an emergency, we will attempt to contact the persons you list below. An emergency contact should be someone who can respond to the home or business, day or night, with a key and/or access to the alarm system if needed. Please provide the name and phone number of two contacts.

_____	_____	_____
Name	Address	Telephone Number(s)
_____	_____	_____
Name	Address	Telephone Number(s)

Will the above listed have Keys to property? Yes No If yes, who: _____

In case of an emergency, do you wish to be notified by phone? Yes No Number? _____

Will lights be left on? Yes No
If yes, what room(s)? _____

Will any pets be left at home? Yes No
If yes, where will they be kept? _____

Will anyone be entering or working around the residence or business while you are gone? Yes No
If yes to above, enter their name and purpose: _____

Do you have an alarm at your residence? Yes No
If yes to above, enter name of alarm company: _____ Phone Number: _____

Vehicle Information

_____	_____	_____	_____	_____
License Plate	Make	Model	Color	Location
_____	_____	_____	_____	_____
License Plate	Make	Model	Color	Location

I request a security check be made of my premises and I agree to notify the Dacono Police Department upon my return. I understand that the frequency of the security checks will depend upon other calls for service and enforcement activities of the patrol officers: I understand that the Dacono Police Department cannot guarantee the frequency of the security checks. I agree to hold harmless the Dacono Police Department, the City of Dacono, and its employees, agents and representatives for and damage to or criminal offense upon my premises.

Signature Date