

**YOLO COUNT SHERIFF'S OFFICE
S.T.A.R.S VACATION HOUSE CHECK INFORMATION SHEET**

Start Date	End Date		
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Residence Address:

House Number and Street: _____
 City and Zip Code _____

Resident's Name(s) _____

Resident's Phone Numbers: Home () Cell ()

Mailing address if different: _____

How can we contact you while you are way?: _____

Vacation Telephone Number(s) _____

Local Emergency Contact(s):

Name and relationship: _____

Address: _____

Telephone: Home (_____) Cell (_____) _____

Person(s) authorized to be on property:

Name and Address	Purpose

Security Measures: Lighting, radios on, etc. (describe) _____

Pets on property: ___Yes ___No: What kind and where located: _____

Vehicles on Property (Do not list garaged vehicles)

Year/Make	Model	Color	License Number

Alarm System ___Yes ___No. If yes, describe type, location, sensors, etc. _____

Alarm Company Name and telephone Number: _____

Location items left at house should be placed? (E.g. STARS visit cards, UPS notices, etc.): _____

Note information the STARS visiting your property should be aware of.

Owners Signature and Date: _____