YOLO COUNTY SHERIFF'S OFFICE S.T.A.R.S VACATION HOUSE CHECK REQUEST FORM				
Start Date	End Date			
Residence Address:				
House Number and Street:				
City and Zip Code				
Resident's Name(s)				
Resident's Phone Numbers: Home () Cell ()				
E-mail address:				
How can we contact you while you are way?:				
Vacation Telephone Number(s)				
Local Emergency Contact(s):				
Name and relationship:				
Address:)	Call /		
reiepnone: Home (_)	Cell ()	
Person(s) authorized to be on property:				
Name and Address			Purpose	
Security Measures: Lighting, cameras, radios on, etc. (describe)				
Cocarry Wodourco. Lighting, carrieras, radios en, etc. (accorde)				
Pets on property:YesNo: What kind and where located:				
Vehicles on Property (Do not list garaged vehicles)				
Year/Make	Model		araged veni color	License Number
I Gai/iviake	iviodei	C	,0101	LICENSE NUMBER
Alarm SystemYesNo. 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:				