

# CITY OF LAKE FOREST VACATION HOME CHECK

## AUTHORIZATION; DISCLAIMER, LIMITATION OF LIABILITY:

I HEREBY AUTHORIZE CITY PERSONNEL TO ENTER PROPERTY FOR THE PURPOSE OF INSPECTION OF THE PREMISES FOR UNWANTED AND/OR SUSPICIOUS ACTIVITY FOR THE PERIOD INDICATED BELOW.

I UNDERSTAND AND AGREE THAT THE VACATION HOME CHECK SERVICES ARE PROVIDED BY THE CITY ON AN "AS AVAILABLE" BASIS WITHOUT GUARANTEES OR WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED. UNDER NO CIRCUMSTANCES SHALL THE CITY, ITS AGENTS, OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS, BE LIABLE TO ANY PARTY OR ANY PERSON OR ENTITY FOR ANY COSTS, EXPENSES, LIABILITY, LOSS, DAMAGE OR INJURY, IN LAW OR EQUITY, TO PROPERTY OR PERSONS, ARISING OUT OF OR INCIDENT TO THE PERFORMANCE/NONPERFORMANCE OF THE VACATION HOME CHECK SERVICES.

**THE DEPARTMENT DOES NOT HANDLE PACKAGES DELIVERED OR LEFT AT RESIDENCES DURING VACATION CHECKS.**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RESIDENT(s) NAME:** \_\_\_\_\_

**ADDRESS CHECKED:** \_\_\_\_\_

street address \_\_\_\_\_ city \_\_\_\_\_ zip code \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_ **CELL. #:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CROSS STREETS:** \_\_\_\_\_

**BEGINNING DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**ENDING DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

### **CIRCLE Yes or No**

- |   |                 |  |
|---|-----------------|--|
| <b>1. Anyone else checking residence?</b>   | <b>Yes / No</b> | <b>Name:</b> _____                       |
| <b>Do they have a key?</b>                  | <b>Yes / No</b> | <b>Contact #:</b> _____                  |
| <b>Do they have a key?</b>                  | <b>Yes / No</b> | <b>Contact #:</b> _____                  |
| <b>2. Any gardeners / cleaning people?:</b> | <b>Yes / No</b> | <b>Person(s):</b> _____                  |
|   |                 | <b>Days of week:</b> _____               |
|   |                 | <b>Person(s):</b> _____                  |
|   |                 | <b>Days of week:</b> _____               |
| <b>3. Any pets left at residence?</b>       | <b>Yes / No</b> | <b>Care giver:</b> _____                 |
|   |                 | <b>Contact #:</b> _____                  |
| <b>4. Any vehicles left in driveway?</b>    | <b>Yes /No</b>  | <b>Make:</b> _____ <b>License:</b> _____ |
|   |                 | <b>Make:</b> _____ <b>License:</b> _____ |
|   |                 | <b>Make:</b> _____ <b>License:</b> _____ |
|   |                 | <b>Make:</b> _____ <b>License:</b> _____ |
| <b>5. Was mail / newspaper stopped?</b>     | <b>Yes /No</b>  |  |
| <b>6. In a gated community?</b>             | <b>Yes / No</b> | <b>Entry code:</b> _____                 |

7. An alarm company to contact? Yes / No      Company: \_\_\_\_\_  
Contact #: \_\_\_\_\_

8. Is the gate to the back yard locked? Yes / No      \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCAL / EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **Has key:** Yes / No

**NOTICE:** Your vacation check will end on the return date given. If you return early, or if an extension or change is required; notify the Lake Forest Police Services at (949) 461-3530  
**SCAN & EMAIL TO:** [boldham@ocsd.org](mailto:boldham@ocsd.org) or FAX to 949-461-3549 “ATTN: Brittney Oldham”

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**FOR CITY USE ONLY**

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_