

MILL VALLEY POLICE DEPARTMENT

SELECT ONE

Vacation Home

Extra Patrol

Beat: _____

Name: _____ Date Leaving: _____

Addr: _____ Date Returning: _____

City, ZIP: _____ (30 Day maximum)

Home #: _____ Emergency # for Resident: _____

Email: _____

PERSONS ALLOWED

Responsible 1: _____ Home #: _____ Key? Yes No
(for the property while owners are away) Mobile #: _____

Responsible 2: _____ Home #: _____ Key? Yes No
(for the property while owners are away) Mobile #: _____

Gardener/Name: _____ Vehicles: _____

S M T W Th F S

Housekeeper/Name: _____ Vehicles: _____

S M T W Th F S

VEHICLES

Color	Year	Make	Model	License #	Location Garage/Carport/Driveway

Garage Code/Gate Code/Location of hidden key: _____

ALARM/LIGHTS/OTHER

Alarm: Yes No Audible or Silent? _____ Type: _____ Auto Reset? Yes No

Alarm Company: _____

Lights? Y N Timer? Y N Room: _____ From: _____ To: _____

Room: _____ From: _____ To: _____

Room: _____ From: _____ To: _____

Pets? Y N Dogs: _____ Cats: _____ Other: _____ Hazards: _____

MISCELLANEOUS INFO/REASONS FOR EXTRA PATROL

Official Use Only

CDR#

CAD #L

DISP ID#