

CENTRAL MARIN POLICE AUTHORITY

San Anselmo Station

525 SAN ANSELMO AVENUE, SAN ANSELMO, CA 94960 (415) 927-5150

Vacation/Security Check

Name			_ Address _		
Telephone _		_ Reason: -	☐ Vacation	□ Vacant	Residence / Business
Alarm system	n □ Yes □ No	Alarm type	☐ Audible	☐ Silent	☐ Burglary ☐ Panic
Alarm compa	any		_ Telephone	<u> </u>	
Lights	On Off	Constant	☐ Timer		
Keys left with	h anyone 🔲 Yes 🖣	No If yes, pl	ease list the na	ame(s), addr	ress(es) and telephone #:
Vehicles left	at the residence (Co	lor, Make and	License #):		
Animals left	at the residence whi	ich the officers	may come int	o contact w	vith:
In the event	of an emergency sho	ould we telepho	ne you collect	t?	
☐ Yes ☐	No Telephone	number			
I request that a security check be made of my premises from to to I will notify the San Anselmo Police Department at 415-258-4610 immediately upon my return.					
Signature					Date
Date	Date Observations / Officers initials				



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