



# VOLUNTEER CITIZEN OBSERVER PROGRAM HOUSE CHECK FORM

(Must be received 7 days prior to start date)

Email to: [vcop@palmbayflorida.org](mailto:vcop@palmbayflorida.org)

## HOMEOWNER

Homeowner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gated Community?      No      Yes      Name: \_\_\_\_\_ Gate Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ (7 Calendar Day Minimum / 90 Day Maximum **Per Year**)

Lights On      Lights Off

Exterior Security      Light Off Exterior      Security Light On

Security Alarm System?      No      Yes

Name of Alarm Company: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name of Key Holder: \_\_\_\_\_ Phone #: \_\_\_\_\_

## VEHICLE LEFT BEHIND OUTSIDE

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Lawn Service?      No      Yes      Lawn Service Name: \_\_\_\_\_

**Disclaimer:** I acknowledge that this service is offered by a volunteer organization that is not made up of any employees of the City of Palm Bay and that the City of Palm Bay makes no representation or guarantee that my house will be inspected during my absence if there are not sufficient volunteers to do so.

We do not check houses that are empty, in the hands of a broker, used as a business, for sale or have anyone living in them. It is important that you close and lock all windows, doors, storage sheds and garage doors.

Homeowner Signature: \_\_\_\_\_

Received / Verified VCOP #: \_\_\_\_\_ VCOP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*OFFICE USE ONLY\*\*

SECTOR: \_\_\_\_\_ HC #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_