



Office of the Sheriff-Coroner Public Administrator

S.C.O.P.E. VACATION HOUSE CHECK

Property Owner _____ CDL or DOB _____

Date Leaving ___/___/___ Date Returning ___/___/___

Physical Address _____

Home Phone Number () _____

Emergency Contact _____ Emergency Phone Number _____

People Allowed on the Property:

- | | |
|---------------|----------------------------|
| 1. Name _____ | Vehicle Type & Color _____ |
| 2. Name _____ | Vehicle Type & Color _____ |
| 3. Name _____ | Vehicle Type & Color _____ |
| 4. Name _____ | Vehicle Type & Color _____ |
| 5. Name _____ | Vehicle Type & Color _____ |

Lights left on? (if yes location)

Locked Gates Y/N _____

Vehicles on the Property

1. Vehicle Type & Color _____
2. Vehicle Type & Color _____
3. Vehicle Type & Color _____
4. Vehicle Type & Color _____
5. Vehicle Type & Color _____

Special Instructions