



VOLUNTEER CITIZEN OBSERVER PROGRAM HOUSE CHECK FORM

(Must be received 7 days prior to start date)

Email to: 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 / 30 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:** _____