COMMUNITY SERVICE UNIT

Location _____
CAP Use Only

COMMUNITY ASSISTANCE PATROL

PERMANENT RESIDENT VACATION CHECK REQUEST

Name: _____ Phone # : _____

Address: _____ X - Street _____

*** VACATION CHECKS CAN BE MADE FOR A MAXIMUM OF EIGHT (8) *** WEEKS OR A MINIMUN OF ONE (1) WEEK

Date leaving: _____ Date returning: _____

Authorized local contacts: *** This is an Absolute Requirement of the Request ***

Name: _____ _____
Primary Secondary

Address: _____ _____

Phone: _____ _____

Vehicles parked on property:

License: _____ Make: _____ Year: _____

License: _____ Make: _____ Year: _____

Applicants Signature: _____ Date: _____

CSU person taking request: _____ ID # _____ Date: _____

Date	Time	ID #	Comments

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