

Lindsay Department of Public Safety





Last Name:	<u>Firs</u>	t Name:	Phoi	ne Number:	
			() -	
A dalmaga.					
Address:			Line	dsay, CA 93247	
Dates you will be a	way from home:	<u>E</u> m	nail Address:		
Will anvone be stor	pping by your hou:	se? (ie: Feed animals	s/pick up mail)		
□ NO □ YES WHO		PHONE NUMBER:			
Vehicles in the driv					
□ NO □ YES DESC	CRIPTION?				
			-		
Who shall we conta	ct in an emergenc		HONE NUMBER		
				•	
Comments or Spec	ial Instructions:				
Comments of Opec	iai iiisti actionis.				
, , ,		•	•	riodically check, as staffing	
•		,	•	ted above. I exonerate the pility due to damage to my	
•	•	away from the reside		omity and to damage to my	
	· 				
Signature			Date S	Date Submitted	
Request taken by:			_ Date:_		
☐ Sector 1	☐ Sector 2	□ Sec	ctor 3	☐ Sector 4	
Sat Demosie			oreno		