

SURFSIDE POLICE DEPARTMENT

WATCH ORDER REQUEST

RESIDENT OWNER/TENANT'S NAME:				DATE:			
PHONE:		SECO	ONDARY PI	HONE:			
AWAY ADDRESS:							
LEAVING:						AT	HRS
WATCH ORDER STR	REET ADDI	RESS:					
LOCAL KEYHOLDER							
WILL ANYONE BE W	ORKING C	R CHECK	KING ON TI	HE PROP	ERTY?	YES	NO
IF YES, WHO?	?						
VEHICLE AT THE HC	ME?	YES	NO TA	\G#			
MAKE:			COLOR:				
ADDITIONAL VEHICL	E AT THE	HOME?	YES	NO	TAG#		_
MAKE:			COLOR:				
ALARM ON HOME?	YE	S NO	o IS	IT REGIS	STERED?	YES	NO
ANY LIGHTS LEFT O	N? YE	S NO	O LI	GHTS ON	TIMERS?	YES	NO
PETS ON PREMISES	? YE	S NO	O IN	SIDE	OUTSIDE	≣	
DESCRIPTION	N OF PET(S) ON PR	EMISES: _				
IS THE PROPI	ERTY FEN	CED?	YES	NO			
FENCE GATE	S LOCKED)? YI	ES NO)			
ANY OTHER PEOPLE	E ON THE	PROPER	TY DURING	YOUR A	BSENCE? I	IST BELO	W:
ANY ADDITIONAL IN	FORMATIC	ON ABOU	T YOUR PF	ROPERTY	? LIST BEL	OW:	
IF THERE IS ANY CHANGE IN YOUR RE The undersigned resident owner/ tena	nt does hereby reco	ognize that the Su	urfside Police Depart	ment and its emp	oloyees have not agre	ed to render any sp	pecial services o
perform any security functions for the special duty upon the Surfside Ponor assurance given against loss,	lice Department.	Service will be	provided only as	staffing levels a	and duty assignments	permit and no gi	uarantee is made
injury, death, or damage to any perso Resident Owner/Tenant, or by any a	n or property suffer	red or sustained b	by a Resident Owne	r/Tenant, or by ar	ny representative, em	ployee, agent, visito	or or invitee of the
representatives, employees, agents, visit that it is the current or existing owner or						dent Owner/Tenant	hereby represent
RESIDENT OWNER/ TENANT'S NAMI	E (PRINT):			SIGNATURE:		DATE	i:
THIS SE	CTION TO	BE COMF	PLETED BY	THE POI	LICE DEPA	RTMENT	
ID VERIFIED BY: DATE REQUEST RE			ENTE	RED BY:			
DATE REQUEST RE	CEIVED:		DAT	E REQUE	EST ENTER	ED:	