

SURFSIDE POLICE

FLORIDA
POLICE ACADEMY

The quality of the highest quality of service is our goal. We are committed to providing the highest quality of service to our community.

WATCH ORDER

Owner/Tenant's Name: _____ Date: _____
Last First

Address: _____ FL: _____ Zip: _____

Phone Number: _____ Away Phone Number (Emergency Only): _____

Away Address (Emergency only): _____ City/State: _____

WE RECOMMEND STOPPING YOUR MAIL AND NEWSPAPER SERVICE FOR THE DURATION OF YOUR ABSENCE

Date Leaving: _____ a.m. _____ p.m. Date Returning: _____ a.m. _____ p.m.
(if no return date is listed, home will be removed from the program 30 days after the start date)

Watch Order

Street Address: _____
(Please ensure your house numbers are properly displayed)

Local Key Holder Name: _____ Phone Number: _____

Will anyone be checking or working on property? _____

Vehicle in driveway/carport? Y ___ N ___ If yes, Tag # _____ Make: _____ Color: _____

Second vehicle in driveway/carport? Y ___ N ___ If yes, Tag # _____ Make: _____ Color: _____

Alarm System? Y ___ N ___ Is it registered? Y ___ N ___ Window Shutters? Y ___ N ___

Lights Left On? Y ___ N ___ Days? _____ Night timers? _____

Pets on Premises: Inside _____ Outside _____ Dog(s) _____ Cat(s) _____ Other _____

Fences: Property fully fenced _____ Back yard only _____ Gate is Locked? Y ___ N ___

Will there be any other vehicles/people on the premises during your absence? Y ___ N ___ (list all below)

Special information or situations about the premises that should be known during your absence:

IF THERE IS ANY CHANGE IN YOUR RETURN DATE
(INCLUDING AN EARLY RETURN), PLEASE CONTACT US AT 305-861-4862
THIS SERVICE IS AVAILABLE FOR 30 DAYS; AFTER 30 DAY PERIOD, SUPERVISOR APPROVAL REQUIRED

Supervisor signature: _____ Date: _____