



HOME WATCH REQUEST FORM

DISTRICT OFFICE: _____
 ADDRESS: _____
 PHONE: _____
 FAX: _____

Address of Residence: _____

Community: _____

Name(s) of owner: _____

Contact phone number where owner(s) can be reached: _____

Dates residence will be vacant from: _____ Date/Time Returning: _____

LIGHTS ON: Inside: Yes / No Outside: Yes / No

Alarm System: Yes / No Alarm Company: _____ Phone: _____

Will any vehicle(s) be left in the driveway? (if **no** write "None" / if **yes** give description vehicle color, year, make, model, tag number and state)

Does anyone have permission to be inside your residence while you are gone? Yes/No (**circle one**, write names if applicable)

Emergency Contact Number(s): _____ Keys/ Alarm Code: Yes/No

Please provide any additional information that the Sheriff's Office should be aware of: (Enter any special information relative to pets, lighting, alarm systems, visitors, contract services, etc.)

Remarks: _____

The undersigned does hereby recognize that the Broward Sheriff's Office and its employees have not agreed to render any special services or perform any security functions for the undersigned. The undersigned does hereby indemnify and hold the Broward Sheriff's Office and its employees harmless from any and all claims relating to incidents or losses which may occur at the above referenced location during the period of the time listed above.

**** YOU MUST NOTIFY US IMMEDIATELY UPON EARLY RETURN ****
24 HOUR PHONE: _____

Signed: _____ Date: _____

For Office Use Only

cc: Zone By: _____ Date: _____ Time: _____