



# HOME WATCH REQUEST FORM



**DISTRICT OFFICE: Oakland Park**  
**ADDRESS: 5399 North Dixie Hwy, Suite #1**  
**PHONE: 954-202-3131**  
**FAX: 954-492-1807**

Address of Residence: \_\_\_\_\_

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** and 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: \_\_\_\_\_