

PATROL SERVICE

SURFSIDE HOMEOWNERS' ASSOCIATION

NAME: _____

DATE: _____

DATE OF ABSENCE: FROM _____ TO _____

LOCATION OF AREA TO BE PATROLED: DIV. __BLK__ LOT__

PHYSICAL ADDRESS: _____

IN CASE OF EMERGENCY CONTACT: NAME: _____

PHONE: _____ ADDRESS: _____

EMERGENCY CONTACT HAS A KEY: YES NO

I MAY BE REACHED BY: EMAIL _____ CELL PHONE: _____

OR OTHER: _____

SPECIAL INSTRUCTIONS: INSIDE LIGHTS ON TIMER YES NO

HOURS OF OPERATION FOR LIGHTS ON TIMER: _____

WILL ANYONE BE OCCUPYING YOUR RESIDENCE IN YOUR ABSENCE YES NO

IF YES: NAME: _____ VEHICLE _____

DATES OF OCCUPATION: _____

PERIODIC PHYSICAL INSPECTION OF SITE BY PATROL DEPUTY DURING ABSENCE
 YES NO

OTHER COMMENTS OR SPECIAL INSTRUCTIONS: _____
