

Genoa Police Department
Extra Patrol/Vacation House Check Request Form

Today's Date: _____

Name: _____

Address: _____

Phone: _____

Location for extra patrol request: _____

Reason for extra patrol Request: _____

Leaving: _____

Returning: _____

Vacation check questions: Will anyone be in the residence? Y N Will lights be left on? Y N
Are there any cars parked at the residence or in the garage? Y N

If yes, please describe the vehicles _____

Will Keys be left with anyone? Y N If yes, who? _____

Do you wish to be notified in the case of an emergency? Y N Phone Number _____

Police Department use:

Extra Patrol Request number _____

Start date _____

End date _____

Number of times checked _____

Other Action/observations