

WAXHAW POLICE DEPARTMENT

Extra Patrol Request Form

Last Name _____ **First** _____ **Middle** _____ **Suffix** _____

Address _____ **City** _____ **Zip** _____

Home Phone Number _____ **Race** ____ **Sex** ____ **Date of Birth** _____

Date Leaving _____ **Date Returning** _____

Emergency Number _____ **Alarm System (Y/N)** _____ **Lights On Timer (Y/N)** _____

Contact Name/Address/Phone _____

Alarm Company Name/Phone _____

Cars Present _____ **Animal Present** _____

House Keeper, Care Taker, or Other Persons Authorized On Premises _____

Key Location _____

Special Notes _____
