

# CITIZEN REQUEST

## EXTRA PATROL

All Fields Marked with a "\*" must be filled to be processed for review

\***DATES OF REQUEST:** FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE OF CALL: \_\_\_\_\_ \*PHONE: \_\_\_\_\_

\***YOUR NAME:** \_\_\_\_\_

\***DOB:** \_\_\_\_\_

\***HOUSE NUMBER:** \_\_\_\_\_

\***CR # / HWY #:** \_\_\_\_\_

### Check All That Apply

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> PROWLERS              | <input type="checkbox"/> SPEEDERS                | <input type="checkbox"/> EXCESSIVE 4 WHEELERS  |
| <input type="checkbox"/> TRESPASSERS           | <input type="checkbox"/> EXCESSIVE NOISE         | <input type="checkbox"/> SUSPICIOUS VEHICLES   |
| <input type="checkbox"/> HIGH THEFT AREA       | <input type="checkbox"/> SUSPICIOUS ACTIVITY     | <input type="checkbox"/> RESIDENTS OUT OF TOWN |
| <input type="checkbox"/> DISTURBANCE           | <input type="checkbox"/> HIGH TRAFFIC AREA       | <input type="checkbox"/> DOMESTIC VIOLENCE     |
| <input type="checkbox"/> PROBLEMS WITH TENANTS | <input type="checkbox"/> SUSPECTED DRUG ACTIVITY |  |

OTHER \_\_\_\_\_

*Description*

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