Close Patrol Request Form

Start Date:	Start Time:
End Date:	End Time:

Reason for Close Patrol: _____

_____

Name of Requestor: _____

Address for Close Patrol: _____

Home Phone: _____ Secondary Phone: _____

Name of Key Holder: _____ Phone: _____

Emergency Contact 1 Name: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact 2 Name: _____

Primary Phone: _____ Secondary Phone: _____

Will anyone be going in or out? ☐ Yes ☐ No

Name of person going in and out: _____

Vehicle Description: _____

Lights on: ☐ Yes ☐ No Lights on Timer: ☐ Yes ☐ No

Location of lights left on: _____

Dog at location? ☐ Yes ☐ No Vicious Dog? ☐ Yes ☐ No

Dog in Yard: ☐ Yes ☐ No

Submit Completed Forms to:
PoliceSGT@addisontx.gov
PoliceLT@addisontx.gov

Yard Person(s) Working? ☐ Yes ☐ No

Yard Worker Name/Company: _____

Yard Worker Phone: _____

Alarm at Location? ☐ Yes ☐ No

Silent or Audible Alarm: ☐ Audible ☐ Silent

Alarm Company Name: _____

Alarm Company Telephone Number: _____

Vehicles Left at Location? ☐ Yes ☐ No

Vehicle 1 Location: _____ Vehicle 1 License Plate: _____

Vehicle 1 Color: _____ Vehicle 1 Make/Model: _____

Vehicle 2 Location: _____ Vehicle 2 License Plate: _____

Vehicle 2 Color: _____ Vehicle 2 Make/Model: _____

Vehicle 3 Location: _____ Vehicle 3 License Plate: _____

Vehicle 3 Color: _____ Vehicle 3 Make/Model: _____

Please submit form 24 hours in advance.

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