



GENEVA-ON-THE-LAKE POLICE DEPARTMENT EXTRA PATROL REQUEST FORM



Address: _____

Name: _____ Phone Number: _____

Date and Time Leaving: _____ Date and Time Returning: _____

Alarm? Yes / No Alarm Company: _____

Will lights be left on in the home? Yes / No

Location	Timer / Constant On
_____	_____
_____	_____

Emergency Contact:

Name: _____ Phone Number: _____

Key holder? Yes / No

Name: _____ Phone Number: _____

Key holder? Yes / No

Additional Information (permitted visitors, vehicles left on property, etc.)

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