VACATION/EXTRA PATROL CHECK REQUEST

SERVICE REQUESTED:
Vacation or Extra Patrol

FILING _____ LOT _____

PERSON REQUESTING:
(First and Last Name Please)

Address:

Phone:

Do you want a copy mailed
to you upon return? **Y** **N**

Contact Person:

Phone:
Residence: _____
Business: _____

Date/Time of request:

Date to Start:

Date to Finish:

PLEASE NOTIFY
PATROL WHEN
YOU RETURN.

INDICATE ANY AUTHORIZED VEHICLES:

Vehicle Year: Make: Model: Colors: Plate Number: Location:

Please note: The Genesee Foundation and the Jefferson County Sheriff's Office is not responsible for any damage to your home or property that may or may not have been noticed or reported during routine house checks conducted by Jefferson County Sheriff's Office as part of their contract with The Genesee Foundation.

VACATION CHECK INFORMATION

PET(S)
___Yes___No

TYPE:

ARRANGEMENTS FOR CARE:

LIGHTS:

MAIL:

PAPER:

OTHER DELIVERIES:

ALARM:

CLEANING/MAINTENANCE:

TELEPHONE NUMBER WHERE YOU CAN BE REACHED IN CASE OF EMERGENCY: _____

CONTINUATIONS, EXPLANATIONS, OR NARRATIVE: _____

SIGNATURE OF RESIDENT: _____

SECURITY USE ONLY: Field Activity Log – Reference reported problem requested service

START DATE/TIME:	**FINISH:**	**OFFICER:**	**REMARKS/EXPLANATION:**
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	
ON:	@	@	

SUBMITTING OFFICER: DIST/BEAT:

Activity log continued on new page? ___ Yes ___ No

Submitting Officer Signature & Unit

Approving Supervisor/Date & Time Reviewed