

AVON POLICE DEPARTMENT EXTRA PATROL REQUEST



CASE NUMBER: _____

DATE: ____/____/____ TIME: ____:____

DATE/TIME OF EXTRA PATROL: ____/____/____ ____:____ TO ____/____/____ ____:____

ADDRESS: _____

REQUEST MADE BY: _____ DOB: ____/____/____

PHONE: _____ CAN BE CONTACTED AT: _____

REASON FOR EXTRA PATROL: _____

TYPE OF PREMISES: BUSINESS RESIDENCE OTHER _____

PROTECTED BY ALARM? YES NO IF YES, TYPE OF ALARM: _____

LIGHTS ON: YES NO IF YES, WHERE? _____ AUTOMATIC? YES NO

PETS? YES NO OTHER INFO: _____

KEY HOLDER(S) (who can we call or who has permission to be at the property):

NAME: _____ CITY RESPONDING FROM: _____

PHONE(S): _____

WILL THEY BE CHECKING REGULARLY? YES NO VEHICLE: _____

NAME: _____ CITY RESPONDING FROM: _____

PHONE(S): _____

WILL THEY BE CHECKING REGULARLY? YES NO VEHICLE: _____

OTHERS THAT MAY ACCESS OR BE ON THE PREMISES: _____

READ AND CHECK ACKNOWLEDGEMENT:

I/We do hereby request the Avon Police Department to do physical checks of my business/residence located at the address above. In making this request I/We understand that the Avon Police Department and the City of Avon assume no liability for any damages or incidents that may take place during the time I/we am away from my/our household, including but not limited to burglaries, property damage, breaking and entering and/or acts of God.

I/We expressly give consent for the Avon Police Department and/or their designees to enter the address listed above in cases of but not limited to suspected criminal activity, open doors, broken windows, etc. to clear the address of trespassers or burglary suspects; and to secure the residence until the key holder(s) is able to arrive on scene.

I/We further expressly absolve and release the Avon Police Department and the City of Avon from any and all claims that may arise from whatever incidents that may take place at or to my/our home during the time I/we are away from the premises.

I/We request the police department to mail a log of the extra patrol when completed.. Yes No, not necessary.

I/We hereby declare that the terms of this release are understood.

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

Officer/Representative/Employee Taking Request: _____ Badge: _____