



<u>OFFICE USE ONLY</u>
RECEIVED BY: _____
DATE: _____
REVISED: 02/2020

GUN BARREL CITY POLICE DEPARTMENT

EXTRA PATROL REQUEST FORM

Requestor: _____ Phone Number: _____

Address of Request: _____

Dates Requested for Extra Patrol - Beginning Date: _____ End Date: _____

Reason for Extra Patrol: _____

Type of Premises: Business _____ Residence _____ Other (Name) _____

Protected by Alarm System? Yes _____ No _____ If Yes, Type of Alarm: _____

Lights On? Yes _____ No _____ Constant? _____ Automatic? _____

Main Contact Name: _____ Relation: _____

Phone: _____ Key Holder? Yes _____ No _____

Address: _____

Other Information (IE: gate code, etc...) _____

Additional Persons with Access to Premises:

(1) Name: _____ Relation: _____

Address: _____ Phone: _____

(2) Name: _____ Relation: _____

Address: _____ Phone: _____

(3) Name: _____ Relation: _____

Address: _____ Phone: _____

In case of emergency would you like to be notified? Yes _____ No _____

By submitting this document, Requestor/Resident of addressee certifies the above information is true and correct. Furthermore, Requestor/Resident of addressee will not hold the City of Gun Barrel City, the Gun Barrel City Police Department, and/or employee agents responsible for any incident that may occur at the requested property(s) and will not pursue legal action should any incident occur. Requestor/Resident of addressee further understands this request is only notifying the City of Gun Barrel City, the Gun Barrel City Police Department, and/or employee agents of this request and regular patrol of the premises(s) is **NOT** guaranteed during the time requested. This record will be retained for sixty (60) days upon receipt.

Signed _____ Date _____