



*Office of the Sheriff*  
Towns County, GA  
EXTRA PATROL



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Best Phone # to contact in case of an emergency: \_\_\_\_\_

Type of residence: \_\_\_ Home \_\_\_ Business \_\_\_ Construction \_\_\_ Other

Reason for extra patrol: \_\_\_\_\_

Is home, business, construction or other protected by an alarm? \_\_\_ Yes \_\_\_ No

Vehicles on site (Make/Model): \_\_\_\_\_

Will lights be left on? \_\_\_ Yes \_\_\_ No

If unattended will a key be left with anyone? \_\_\_ Yes \_\_\_ No

If yes, who? \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates requested for extra patrol: From \_\_\_\_\_ To \_\_\_\_\_

Comments: \_\_\_\_\_

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Date entered into system: _____
By: _____