



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: _____

Date entered into system: _____

By: _____