



ALTO POLICE DEPARTMENT

Chief of Police: Sean Rogers

srogers@altopolice.com

EXTRA PATROL REQUEST

Address: _____

Description of residence:

Reason for Patrol Request: _____

Person Making Request: _____ **Phone:** _____

Emergency Contact: **Phone:**

Emergency Contact: **Phone:**

Emergency Contact: _____ **Phone:** _____

Hours Requested:

Dates Requested  _____

Vehicles that could be at location: (Description and tag if possible)

Persons who may be at location:

Any pets, cameras, lights left on, TV on ETC.: _____

LIST ANY KNOWN HAZARDS:

REQUESTS MUST BE RENEWED EVERY 30 DAYS IN PERSON, EMAIL OR OVER THE PHONE.

The Town of Alto does not guarantee the security of your ro erty and extra atrols are a courtesy

SIGNATURE OF PERSON MAKING REQUEST: _____

APPROVED: ___ DENIED: ! Officer: _____

(List reason for denial) _____