



CITY OF MONROE
POLICE DEPARTMENT

450 W. Crowell St. Monroe, NC 28112
Phone: 704-282-4700 Fax: 704-283-0692

EXTRA PATROL REQUEST

MPD-47



| About You | | |
|---|--|-----------------------|
| Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Email Address: | | |
| Contact Number(s): | | |
| Extra Patrol Information | | |
| Reason for Patrol: | Residence Check / Vacation Business Check | Recent Crime Activity |
| Premise Type: | Residence | Business |
| Address: | | |
| Start Date: | | |
| End Date: | | |
| Alarm: | Yes | No |
| Lights Left On: | Yes | No |
| Motion Lights: | Yes | No |
| Will there be any vehicle left on premises: | Yes | No |
| Make and color of vehicles: | | |
| Key-holder Information if traveling out of town or business check | | |
| Name: | | |
| Address: | | |
| City/State/Zip: | | |
| Contact Number: | | |
| Additional information or remarks | | |
| | | |

Please be sure to fill out all of the **required** fields so that we will be able to contact you should we have any questions regarding clarification or more detailed information about this request. Click the **Submit** button to submit this form via email or click the **Print** button to print the form and mail it to us.