



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	Business Name:
Address:			
Start Date:			
End Date:			
Alarm:	Yes	No	Company:
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.