BEREA POLICE DEPARTMENT

Extra Patrol Request Form

Resident Information

Submitting Resident's Full Name:

_____

Vehicles that should be on property:

_____

Date Submitted:

_____

Contact Number (if follow-up is needed):

_____

Extra Patrol Details

Location / Address to Patrol:

_____

Type of Area (Check One):

☐ Residential ☐ Commercial ☐ School ☐ Public Facility ☐ Other: _____

Reason for Extra Patrol:

☐ Suspicious Activity ☐ Recent Break-ins / Vandalism ☐ Citizen Request

☐ Business Request ☐ Vacation Watch ☐ Traffic Complaints ☐ Other: _____

Requested Timeframe:

_____

Start Date & Time: _____ End Date & Time: _____

Frequency / Duration:

☐ One-time ☐ Daily - for _____ days ☐ Weekly - for _____ weeks

☐ Ongoing until further notice ☐ Specific Days/Times: _____

*Email Completed form to skidwell@bereaky.gov

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Special Instructions or Notes:

_____

_____

_____

_____

_____

_____

*Email Completed form to skidwell@bereaky.gov