

HUTCHINS POLICE DEPARTMENT
REQUEST FOR CLOSE PATROL

CFS# _____

ADDRESS TO BE PATROLLED: _____

STARTING DATE: _____ ENDING DATE: _____

OWNER/REQUESTOR: _____ PHONE# _____

REASON FOR CLOSE PATROL (CHECK ONE): VACATION _____ VACANT _____

OTHER _____ IF OTHER PLEASE STATE: _____

PLEASE LIST HOW MANY VEHICLES WILL BE LEFT ON THE PREMISES AND GIVE A BRIEF DESCRIPTION OF EACH ONE:

IS THE RESIDENCE PROTECTED BY AN ALARM SYSTEM? YES _____ NO _____
IF YES PLEASE PROVIDE THE NAME OF YOUR ALARM COMPANY: _____

WILL ANY LIGHTS BE LEFT ON AT THE RESIDENCE? YES _____ NO _____
WILL THE LIGHTS BE ON CONSTANTLY? YES _____ NO _____
WILL THE LIGHTS COME ON AUTOMATICALLY? (I.E. SCHEDULED VIA TIME OR TRIGGERED BY MOTION)
YES _____ NO _____

WILL THERE BE ANY PETS LEFT AT THE RESIDENCE DURING YOUR TIME AWAY? YES _____ NO _____
IF YES WILL SOMEONE BE ATTENDING TO THE ANIMALS? YES _____ NO _____

WILL YOU HAVE YOUR MAIL OR NEWSPAPER STOPPED? YES _____ NO _____
IF NO, WILL ANYONE BE ALLOWED TO PICK UP MAIL OR NEWSPAPER? YES _____ NO _____

PLEASE LIST ALL PERSONS WHO WILL HAVE ACCESS TO THE PREMISES (PLEASE STATE IF THEY DO OR DO NOT HAVE A
KEY AND ALL CONTACT PHONE #'S AND ADDRESS IF POSSIBLE):

OWNER/REQUESTOR SIGNATURE

PLEASE NOTE ALL CLOSE PATROLS SELF CANCEL IN 15 DAYS