

COPPELL POLICE DEPARTMENT
PATROL ACTION REQUEST

ALL VACATION HOUSE CHECKS AND DIRECTED PATROLS ARE:
LIMITED TO TWO (2) WEEKS AND SUBJECT TO OFFICER AVAILABILITY

VACATION HOUSE CHECK
 DIRECTED PATROL

DATE/TIME REQUEST RECEIVED: ___/___/___ : ___:___
 TAKEN BY NAME: _____ ID# _____

PATROL LOCATION: _____

DATES TO BE CHECKED: STARTING: ___/___/___ TO ___/___/___ (REMEMBER 2 WEEKS ONLY)

TIMES TO BE CHECKED: STARTING: ___:___ AM/PM TO ___:___ AM/PM

REQUESTOR: _____ PHONE #: _____

EXPLAIN REASON FOR REQUEST: _____

ALTERNATE EMERGENCY CONTACT NAME: _____ PHONE#: _____

ALTERNATE EMERGENCY CONTACT NAME: _____ PHONE#: _____

KEYS LEFT WITH LOCAL PERSON: YES NO NAME: _____ PHONE#: _____

ALARM SYSTEM: YES NO LIGHTS ON INSIDE: YES NO LIGHTS ON TIMER: YES NO

DOGS: YES NO VEHICLES AT LOCATION: YES NO (If YES, List only those visible in driveway or street)

COLOR: _____ YEAR: _____ MAKE: _____ MODEL: _____ LICENSE PLATE: _____

COLOR: _____ YEAR: _____ MAKE: _____ MODEL: _____ LICENSE PLATE: _____

COLOR: _____ YEAR: _____ MAKE: _____ MODEL: _____ LICENSE PLATE: _____

COLOR: _____ YEAR: _____ MAKE: _____ MODEL: _____ LICENSE PLATE: _____

WILL ANYONE BE STAYING AT THE RESIDENCE? YES NO (If YES, List Persons Allowed on Property): _____

SUPERVISOR SIGNATURE: _____ ID#: _____ DATE: _____

DATE	TIME	ACTION TAKEN / CONDITION OF RESIDENCE	ID#

