



Pittsfield Police Department Extra Patrol Request

Name: _____ Address: _____

Age: _____ Date Of Birth: ___/___/___ _____

Phone#: _____

Cell Phone#: _____

Street name or Address for Extra Patrol: _____

Nearest Cross Street: _____

Reason for Extra Patrol:

House Watch

Please have at least one keyholder within 15 minutes of the residence:

Date to begin: ___/___/___ Ending Date: ___/___/___

Keyholder 1 _____ Phone: _____

Cell Phone: _____

Keyholder 2 _____ Phone: _____

Cell Phone: _____

Please list all vehicles that will be left at the location (Make, Model, License Plate #)

Make: _____ Model: _____ Color _____ Plate #: _____

Make: _____ Model: _____ Color _____ Plate #: _____

Make: _____ Model: _____ Color _____ Plate #: _____

Do you have an alarm Company Yes No If yes list Name: _____

Phone: _____

Will you leave lights on in the interior? Yes No Exterior? Yes No

Micellaneous information: _____

Signature: _____ Date: ___/___/___