Extra Patrol Request Form

Type of Complaint:

- ☐ Speeding Vehicles
- ☐ Stop Sign Violations
- ☐ School Bus Violations
- ☐ Other - please specify

_____

Location, please give a specific area:

_____

Time of day violations occur:

_____

Day of the week violations occur– check all that apply:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Comments: _____

_____

Please fill out the following information if you wish to be contacted about the results of the extra patrol.

Name: _____

Address: _____

_____

Phone: _____

Department Use Only
Directed Patrol Dates
Date Results sent to Complainant