

**COHUTTA POLICE DEPARTMENT**

**EXTRA PATROL REQUEST FORM**

**Type of Complaint:**

\_\_\_ **Speeding Vehicles**

\_\_\_ **Stop Sign Violations**

\_\_\_ **School Bus Violations**

\_\_\_ **Vacation/Out of Town Patrols**

\_\_\_ **Other – please specify below**

\_\_\_\_\_

**Location, please give specific area and/or address and/or business name:**

\_\_\_\_\_

**Time of day violations occurs (if applicable) or when patrols are requested:**

\_\_\_\_\_

**Day of the week violations occur and/or extra patrols requested (check lines)**

\_\_ **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 patrols and/or emergency contact information for address:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

**Secondary Contact Phone:** \_\_\_\_\_

**Department use only:**

Supervisor assigned to oversee extra patrol completed: \_\_\_\_\_

Date/Time of complainant follow-up by supervisor: \_\_\_\_\_

Below is for department use only (note this form is to be retained in the extra patrol file when complete)  
Extra patrol dates as assigned by supervisor and any other supervisor comments for this extra patrol:

\_\_\_\_\_

\_\_\_\_\_