



# Town of Holiday Lakes Police Department



## Citizen Request for Close Patrol/Security Check Form

**Instructions:**

Please complete all fields below. This request will help the Holiday Lakes Police Department prioritize and perform the requested security check as efficiently as possible. For any questions, please contact the department at [phone number].

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**Section 1: Requestor Information**

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Phone Number (Primary):** \_\_\_\_\_
- **Phone Number (Secondary):** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Home Address:** \_\_\_\_\_
- **City/State/Zip:** \_\_\_\_\_

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**Section 2: Property Information**

- **Type of Property:**
  - Single Family Home
  - Apartment/Condo
  - Business
  - Other: \_\_\_\_\_
- **Property Address (if different from the requestor's):**

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- **Is the property a rental or occupied by others?**
  - Yes
  - No

If yes, please provide the name and contact information of the tenant(s):

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- **Alarm System at Property:**

Yes

No

If yes, please provide alarm company details:

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- **Pets at the Property:**

Yes

No

If yes, list the type of pets: \_\_\_\_\_

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### Section 3: Vehicle Information

If there will be vehicles left on the property during the requested security check, please provide the following details:

- **Vehicle 1:**

o Make/Model: \_\_\_\_\_

o Color: \_\_\_\_\_

o Year: \_\_\_\_\_

o License Plate #: \_\_\_\_\_

o State of Registration: \_\_\_\_\_

o Location on Property (e.g., driveway, garage): \_\_\_\_\_

- **Vehicle 2:**

o Make/Model: \_\_\_\_\_

o Color: \_\_\_\_\_

o Year: \_\_\_\_\_

o License Plate #: \_\_\_\_\_

o State of Registration: \_\_\_\_\_

o Location on Property (e.g., driveway, garage): \_\_\_\_\_

- **Vehicle 3 (if applicable):**

o Make/Model: \_\_\_\_\_

o Color: \_\_\_\_\_

o Year: \_\_\_\_\_

o License Plate #: \_\_\_\_\_

o State of Registration: \_\_\_\_\_

o Location on Property (e.g., driveway, garage): \_\_\_\_\_

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**Section 4: Request Information**

- **Reason for Request (please select all that apply):**

- Vacation
- Extended Absence (e.g., business trip, hospital stay, etc.)
- Suspicious Activity in the Neighborhood
- Known Threats to Property (e.g., vandalism, burglary risk)
- Other: \_\_\_\_\_

- **Requested Patrol Times/Dates:**

From: \_\_\_\_\_ (MM/DD/YYYY)

To: \_\_\_\_\_ (MM/DD/YYYY)

Preferred patrol times (if applicable):

\_\_\_\_\_ to \_\_\_\_\_

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**Section 5: Special Instructions and Concerns**

Please provide any additional details or special requests for patrol officers to be aware of:

- Access to the property (e.g., gate code, key arrangements):

\_\_\_\_\_

- Areas to be specifically monitored (e.g., side doors, garage, windows, etc.):

\_\_\_\_\_

- Any known safety or security concerns (e.g., neighborhood crime, suspicious vehicles):

\_\_\_\_\_

- Contact information for someone who can respond to emergencies if needed (e.g., friend, neighbor):

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

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

- Additional instructions or concerns:

\_\_\_\_\_

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**Section 6: Acknowledgment and Signature**

By signing below, I acknowledge that:

1. This request for close patrol/security check does not guarantee the prevention of crime or incidents on the property.

2. I understand that the Holiday Lakes Police Department will make reasonable efforts to monitor the property during the requested times, but resources and priorities may affect the frequency of patrols.
3. I understand that officers may need to contact me or others listed in case of emergencies or if further details are needed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**For Police Department Use Only:**

- **Request Received By:** \_\_\_\_\_
  - **Date Received:** \_\_\_\_\_
  - **Assigned Officer(s):** \_\_\_\_\_
  - **Notes/Action Taken:** \_\_\_\_\_
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