

(Complete as much information as possible. Note any special circumstances or any information that may assist officers. Please call to cancel request if you return prior to date on form. Officers will conduct extra patrol as time and calls permit.)

BULVERDE POLICE DEPARTMENT CLOSE/EXTRA PATROL REQUEST

Date _____

Address _____

Owner _____

Contact Number _____

Reason for Request _____

Date Leaving _____ Returning _____

Persons having access to residence and contact number:

Emergency Notification Number _____

Email address: _____

Vehicles at Residence _____

Is the location protected by an alarm? Yes No

If so, what company _____

Other information (ie: pets in yard, lights on): _____

Date Entered in CopSinc _____