Submit Form

SHERIFF

HENDERSON COUNTY NC

EXTRA PATROL REQUEST

DATE:_____

CONTACT PERSON:_____ PHONE:_____

☐ RESIDENCE ☐ BUSINESS BUSINESS NAME:_____

ADDRESS:_____ CITY:_____

DIRECTIONS:

☐ ***NIGHT HOURS ONLY*** ☐ ***WEEKENDS ONLY*** ☐ ***24 HOURS***

BEGINNING DATE: _____ ENDING DATE: _____

REASON FOR REQUEST:

☐ Check if reporting person is same as contact person, *otherwise list*

Name of reporting person: _____

Phone:_____

Official Use Only
PATROL AREA

[ ] 1 and 2
[ ] 3 and 4
[ ] 5 and 6
[ ] 7 and 8
[ ] Mills River

Submit Form