

SHERIFF



**HENDERSON COUNTY
NC**

EXTRA PATROL REQUEST

DATE: _____

CONTACT PERSON: _____ PHONE: _____

RESIDENCE BUSINESS BUSINESS NAME: _____

ADDRESS: _____ CITY: _____

DIRECTIONS:

<input type="checkbox"/> NIGHT HOURS ONLY	<input type="checkbox"/> WEEKENDS ONLY	<input type="checkbox"/> 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
<input type="checkbox"/> 1 and 2
<input type="checkbox"/> 3 and 4
<input type="checkbox"/> 5 and 6
<input type="checkbox"/> 7 and 8
<input type="checkbox"/> Mills River