



Toppenish Police Department

516 West 2nd Avenue - Toppenish, WA 98948

Request for Extra Patrol

NAME:	ADDRESS:
REQUEST MADE BY:	PHONE #:
TYPE OF PREMISES: <input type="checkbox"/> BUSINESS <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER:(type)	
REASON FOR EXTRA PATROL:	
PROTECTED BY ALARM: <input type="checkbox"/> NO <input type="checkbox"/> YES – ALARM COMPANY:	
LIGHTS ON: <input type="checkbox"/> NO <input type="checkbox"/> YES - <input type="checkbox"/> CONSTANT or <input type="checkbox"/> AUTOMATIC	
KEYS LEFT WITH ANYONE: <input type="checkbox"/> NO <input type="checkbox"/> YES – With whom: _____ Phone #: _____	
OTHER PERSONS THAT WILL HAVE ACCESS TO _____ RESIDENCE (RELATIVES, WORKERS, NEIGHBORS, _____ EMPLOYEES, ETC.)	
IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY A COLLECT CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C/O NAME: _____ PHONE#: _____	
ADDRESS: _____	
I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM: _____ TO: _____	

I HEREBY RELEASE THE CITY OF TOPPENISH, ITS POLICE DEPARTMENT, AND ALL POLICE OFFICERS FROM ANY AND ALL CLAIM, DEMAND, LIABILITY AND/OR DAMAGE RESULTING IN A SECURITY CHECK DURING THE ABOVE LISTED DATES AND TIME THAT THE PREMISES IS UNOCCUPIED.

SIGNATURE

DATE OF REQUEST

TO SUBMIT: Save to your computer and e-mail to TPD.Records@cityoftoppenish.us or Print the form and turn it into our office Monday - Friday, 8 am - 5 pm