

DAWSON PUBLIC SAFETY DEPARTMENT

PATROL REQUEST	VACATION HOUSE CHEC
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Fax, mail, or turn in the completed form to the: Dawson Public Safety Department at 432 Crawford St NE, Dawson, GA 39842. Fax: (229) 995-6357. You may also email a completed form to: wthornton@dawsongapd.com

BEAT # Resid	ent/Complaina	nt:			
Address:	Telephone #				
Location:					
Start Date:		End Date:			
Emergency Contact Name & T	elephone #: _				
Emergency Contact Address:					
Do they have a key? \[\subseteq N \subseteq	Y House Ala	armed? N N	<i>Y</i>		
Alarm Company:					
Monitored Alarm: □ N □					
Lights on a timer? □ N □	Y Hours? _				
· · · · · · · · · · · · · · · · · · ·					
Pets? N Y Type?					
Paper Stopped? \square N \square Y					
Vehicles on property or street?	□ N □ Y				
Vehicle Description: Year:		Make:			
Model:		-	Color:		
Second Vehicle:					
Year:	Make:				
Model:	Lic. Plate:		Color:		
Third Vehicle:					
Year:	Make:				
Model:	Lic. Plate:		Color:		
Is there a gardener, pool service	e, house cleani	ng or anyone else th	at will be at the location?		
Additional concerns or informa	tion the officer	r's should know abo	ut?		
Reason for patrol request:					