CLOSE PATROL REQUEST - COUNTY

(Please Print Legibly)

NAME: _____

ADDRESS: _____

PHONE/CELL NUMBER: _____

REQUEST PATROL: BEGINNING DATE: _____, **20___. ENDING DATE:** _____

IF PROTECTED BY AN ALARM: NAME OF COMPANY AND PHONE NUMBER: _____

IF ELECTRONICALLY GATED, GATE COMBINATION: _____

EMERGENCY CONTACT: _____

ADDRESS: _____ **PHONE:** _____

LIGHTS ON: _____**YES** _____**No** _____**AUTOMATIC**

NAME OF OTHERS WITH ACCESS (RELATIVES, WORKERS, NEIGHBORS, EMPLOYEES)_____

_____

SPECIAL INSTRUCTIONS:

_____

_____

_____

PLEASE MAIL, FAX OR EMAIL TO/AT THE ADDRESS BELOW

Washington County 911
301 North Baylor Street
Brenham, Texas 77833

Fax: 979-836-8570
Email: dispatch@wacounty.com