CONTROL#:_____
DISTRICT#: _____

COPPELL POLICE DEPARTMENT

PATROL ACTION REQUEST

ALL VACATION HOUSE CHECKS AND DIRECTED PATROLS ARE:
LIMITED TO TWO (2) WEEKS AND SUBJECT TO OFFICER AVAILABILITY

☐ VACATION HOUSE CHECK
☐ DIRECTED PATROL

DATE/TIME REQUEST RECEIVED: ___/___/_____ _____:_____
TAKEN BY NAME:_____ ID#_____

PATROL LOCATION:_____

DATES TO BE CHECKED: STARTING:____/____/_____ TO ____/____/_____ (REMEMBER 2 WEEKS ONLY)

TIMES TO BE CHECKED: STARTING: _____:_____ AM/PM TO _____:_____ AM/PM

REQUESTOR: _____ PHONE #:_____

EXPLAIN REASON FOR REQUEST:_____

_____

_____

_____

_____

ALTERNATE EMERGENCY CONTACT NAME: _____ PHONE#:_____

ALTERNATE EMERGENCY CONTACT NAME: _____ PHONE#:_____

KEYS LEFT WITH LOCAL PERSON: ☐YES ☐NO NAME: _____ PHONE#:_____

ALARM SYSTEM: ☐YES ☐NO LIGHTS ON INSIDE: ☐YES ☐NO LIGHTS ON TIMER: ☐YES ☐NO

DOGS: ☐YES ☐NO VEHICLES AT LOCATION: ☐YES ☐NO (If YES, List only those visible in driveway or street)

COLOR: _____YEAR:_____ MAKE:_____ MODEL: _____LICENSE PLATE:_____

COLOR: _____YEAR:_____ MAKE:_____ MODEL: _____LICENSE PLATE:_____

COLOR: _____YEAR:_____ MAKE:_____ MODEL: _____LICENSE PLATE:_____

COLOR: _____YEAR:_____ MAKE:_____ MODEL: _____LICENSE PLATE:_____

WILL ANYONE BE STAYING AT THE RESIDENCE? ☐YES ☐NO (If YES, List Persons Allowed on Property):

_____

SUPERVISOR SIGNATURE: _____ ID#: _____ DATE: _____

DATE	TIME	ACTION TAKEN / CONDITION OF RESIDENCE	ID#

ORIGINAL TO BRIEFING

CONTROL#:_____
DISTRICT#: _____

DATE	TIME	ACTION TAKEN / CONDITION OF RESIDENCE	ID#