

Benton County Sheriff's Office REQUEST FOR EXTRA PATROL

NAME OF REQUESTOR:	
REQUESTOR'S ADDRESS:	
REQUESTOR'S PHONE:	DATE REQUEST SUBMITTED:

LOCATION WHERE EXTRA PATROL REQUESTED:
--

DAYS REQUESTED (CHECK ALL THAT APPLY): <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	TIME REQUESTED: (CHECK ALL THAT APPLY) <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> SPECIFIC TIMES:
---	--

CIRCUMSTANCES/PROBLEM: (PLEASE BE AS SPECIFIC AS POSSIBLE)
--

EMPLOYEE COMPLETING FORM:
PATROL SUPERVISOR REVIEW: