

**KERN COUNTY SHERIFF'S DEPARTMENT
KERN RIVER VALLEY
CITIZEN SERVICE UNIT**

SPECIAL PATROL REQUEST

DATE REQUESTED: _____

DATE ASSIGNMENT REQUIRED-FROM: _____ TO: _____

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____ CROSS STREET: _____

CITY: _____

EMERGENCY CONTACT: _____ PHONE: _____

YES NO

ALARM: SILENT AUDIBLE _____

ALARM COMPANY: _____ PHONE: _____

VEHICLE(S) PARKED AT LOCATION: _____

ANIMAL(S): _____ LOCATION: _____

EXTERIOR LIGHTS: TYPE: _____ LOCATION: _____

INTERIOR LIGHTS: LOCATION: _____

PERSONS PERMITTED AT RESIDENCE/BUSINESS: _____

_____ VEHICLE: _____

_____ VEHICLE: _____

_____ VEHICLE: _____

REASON FOR PATROL REQUEST: _____

