



Hillcrest Village Marshal Department

Close Patrol Request Form

Resident Information

Resident Name: _____

Address: _____

Phone Number 1: _____ Phone Number 2: _____

Dates of Request: From: _____ To: _____

Primary Contacts (Contacts with access during vacation watch)

Contact 1 Name: _____ Phone: _____

Contact 2 Name: _____ Phone: _____

Special Instructions:

Property Details (circle or check as applicable)

Dogs on Premises: Yes / No

Lights on Timers: Yes / No

Cars Parked at Residence: Yes / No

Active Alarms or Cameras: Yes / No If Yes, is it silent or audible? Silent Audible

Signature of Resident: _____ **Date:** _____

----- **Office Use Only** -----

Vacation Request Received Date: _____

