

INKOM POLICE DEPARTMENT

P.O. Box 60
Inkom ID 83245

EXTRA PATROL

NAME: _____ ADDRESS: _____

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PHONE: _____ DATES AWAY: _____

VEHICLES ON PROPERTY: _____

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LIGHTS (TIMES): _____

BROKEN WINDOWS, SCREENS AND MISC.: _____

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CONTACT PERSON: NAME AND PHONE #: _____

WHO WILL HAVE KEYS: _____

PETS THAT WILL BE ON PROPERTY: _____

ADDITIONAL: _____

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I certify that the above information is correct, and I acknowledge that I am aware that the Inkom Police Department is not responsible for my property, but will take reasonable efforts, as time and circumstance allow, to check my property on a regular basis.

PROPERTY OWNER

CHECKED BY DATE TIME REMARKS

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