SAN ANTONIO HEIGHTS CITIZEN'S PATROL SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

SPECIAL PATROL REQUEST

Today's date:					
Date start:		Da	ate end:		
Your Address:					
	t:				
	y:				
Person(s) allowed	d on property:				
(1)					
(3)					
Alarm System: []Yes []No	Anim	al(s) left on p	roperty: [] Yes	[]No
Inside lights/radio	o on timer: [] Yes	[] No	Padlock on	garage: [] Yes	[]No
Vehicle(s) left on	property: [] Yes [] No			
(1) Lic. # <u>:</u>	Model:		Year <u>:</u>	Colo <u>r:</u>	
(2) Lic. # <u>:</u>	Model:		Year <u>:</u>	Colo <u>r:</u>	

I request a special patrol of my property/residence between the dates listed above. I understand that the San Bernardino County Sheriff's Department, or their representatives, will check my property/residence periodically, subject to their availability. I also understand that the San Bernardino County Sheriff's Department cannot provide contstant protection of my property/residence, and therefore, I assign NO liability to the San Bernardino County Sheriff's Department for any damage or criminal act to my property/residence during that time.

SIGNATURE	DATE	

DEPARTMENT PERSONNEL SIGNATURE

COORDINATOR'S SIGATURE