Thunderbolt Police Department

Vacation ____ Extra Patrol ____

Location: _____

Resident's Name: _____

Dates to Patrol Check: ***From***: _____ ***To***: _____

Contact Name: _____
Contact Tele#: _____
2nd Contact Name: _____
2nd Contact Tele#: _____

Remarks: _____

Reporting Person: _____ Time: _____ Date: _____

NOTE: Make a copy for the Chief of Police and place original on clipboard in squad room.

VEXP 0607