

Chief of Police Chris Long

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EXTRA PATROL REQUEST/AREA COMPLAINT

Your Name:	Date of Birth:		
Address:	City:	St:	Zip:
Phone # :	Email:		
Give a brief description of the problem: What location is it occurring (be as specific as possible):			
What time of day is it occurring (be as specific as possible):			
Date:	_ Time:	_ Received by:	