

| CLOSE PATROL | | |
|--|----------------|---------------|
| REQUESTERS NAME (LAST, FIRST)* | | DATE RECEIVED |
| ADDRESS | | |
| START DATE | END DATE | |
| PHONE NUMBER | E-MAIL ADDRESS | |
| EMERGENCY CONTACT NAME | | |
| EMERGENCY CONTACT PHONE NUMBER | | |
| PLEASE DESCRIBE THE INCIDENT | | |
| FORM COMPLETED BY (EMPLOYEE NAME AND BADGE NUMBER) | | |

*If requested by a PGPD employee, use the requesting employees name. Add cal-photo page as attachment to this sheet if necessary.