

# COVINA POLICE DEPARTMENT

## Vacation Extra Patrol Request

Please complete all fields which apply and submit to the police department.

Completed forms can be submitted to the department by fax, e-mail, in-person or US Mail to:

COVINA POLICE DEPARTMENT—CRIME PREVENTION  
444 N. Citrus Ave. Covina, CA 91723  
Fax: 626.384.5629 or E-mail: [crimeprevention@covinaca.gov](mailto:crimeprevention@covinaca.gov)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ & \_\_\_\_\_

Dates Away: Leaving \_\_\_\_\_ Returning \_\_\_\_\_

(please check)  House  Condo  Apartment  Mobile Home

### Property Information

1. Pool:  Yes  No

2. Lights:  Yes  No Location of Lights: \_\_\_\_\_  
\_\_\_\_\_

3. Dog(s):  Yes  No (Other): \_\_\_\_\_

4. Vehicle(s) at Premise:  Yes  No

License #: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

License #: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

5. Alarm Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Permitted on property

1. Gardener:  Yes  No

Name: \_\_\_\_\_

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

2. Pool Man:  Yes  No

Name: \_\_\_\_\_

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Others permitted on property:

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has Keys:  Yes  No

4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has Keys:  Yes  No

### Notes

Victor Unit