WILLIAMSON COUNTY CONSTABLE

REQUEST FOR CLOSE PATROL / TRAFFIC CONCERN

Reason For Close Patrol / Traffic Concern:					Name of Person Requesting Close Patrol:			
Address of Concerns	:						Phone #	
Departure Date / Date Close Patrol or Concern Started: Return Date / or End Date								
							Emergency Cont	act Phone #:
Name of Alternate Person in Charge of Location: Alternate P							Alternate Phone	¥:
Person Taking Requ	est:							Employee #
Additional Information / Description of Traffic Concern: (Vehicle that are not supposed to be at locatioon, names of persons restricted from property, and other info. That would enhance officer safety, etc.)								
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Officer Assigned:		Date		EDIC DEDO	Date Completed as	nd Returned:		
OFFICER'S REPORT DATE TIME CHECKED / WARNINGS OR CITATIONS ISSUED OFC / EMP#								
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