



# Lincoln County Sheriff's Department

## Request for Extra Patrol

Name (LNM, FNM, MNI) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Reason for Extra Patrol

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Destination \_\_\_\_\_

Contact Number \_\_\_\_\_

Dates for Extra Patrol

\_\_\_\_\_ - \_\_\_\_\_