



SARATOGA SPRINGS

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Saratoga Springs Police Department

Home Inspection Checks / Extra Patrol Checks

Name: _____ Phone#: _____

Phone#: _____

Address: _____ **Other Contact#:** _____

Other Contact#: _____

□ Home Inspection

The individual listed above requests extra patrol be conducted on the listed address from

_____ to _____.
Date Date

□ Extra Patrol

The individual listed above requests extra patrol be conducted on the listed address/area.

Narrative:

Please return completed form in person or by mail to:

Saratoga Springs Police Department
367 S Saratoga Road
Saratoga Springs UT 84045