



Prescott Police Department Request for Service



PLEASE PRINT OR TYPE

Person Initiating Request:	
Address	
City: PRESCOTT	Zip Code:
Telephone #:	Cell Phone #:
Email Address	
Name of Group: (If applicable)	
Suggested Date of Service:	

PLEASE CHECK THE TYPE OF SERVICE REQUESTED:

- SPEAKER Topic: _____
- HOME SECURITY SURVEY
- VACATION HOME WATCH Start and Stop Dates of Service: _____
- BUSINESS-COMMERICAL SECURITY SURVEY
- Other Please explain: _____