



Todd Justice
Chief of Police

NICHOLASVILLE POLICE DEPARTMENT

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State Accredited Law
Enforcement Agency

EXTRA PATROL REQUEST

Name: _____

Street Address: _____

Phone Number where you can be reached: _____

Date to Leave: _____ Date to Return: _____

Will anyone have access to your home? _____ Will anyone be staying in your home? _____

Who? _____

Will there be any lights left on? _____ If so, where? _____

Will any vehicles be left in the driveway? _____ What are the tag numbers? _____

Neighbors & Phone: _____

In case of an Emergency, who is your nearest relative and their contact information (address & phone)?

For Office Use Only

Date / Time	Officer	Date / Time	Officer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____