Genoa City Police Department

EXTRA PATROL REQUEST

Reason for Request? (Check all that apply)

____ Suspicious Activity
____ Speeding Vehicles
____ Vehicles not stopping at Stop Signs
____ Other – Please Describe _____

Location _____ Estimated Time of Day for Request _____

Description of Event (Please be detailed)

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Please provide us with your information for follow-up if necessary.

Name _____ Phone Number _____
Address _____
Email _____

Genoa City Police Department 715 Walworth St. Genoa City, WI 53128
Non-Emergency (262) 279-6252 Fax (262) 279-3289 Emergency 911