



BANNING POLICE SPECIAL PATROL REQUEST

TYPE OF PROBLEM (PLEASE CHECK)

DRUG HOUSE

DRUG ACTIVITY

GANGS

VANDALISM

STOLEN PROPERTY

STOLEN VEHICLES

OTHER _____

LOCATION OF OCCURRENCE OR AREA: _____

DATE AND TIME OF OCCURRENCE: _____

SUMMARY OF WHAT IS OCCURRING: _____

LOCATION OF OCCURRENCE OR AREA: _____

KNOWN INTELLIGENCE/POSSIBLE SUSPECTS INVOLVED: _____

VEHICLES: COLOR _____ MAKE _____ MODEL _____ LIC. # _____

PLEASE CHECK ONE OF THE FOLLOWING:

HAVE YOU SEEN THIS OCCURRING

YOU SUSPECT THAT IS THIS OCCURRING

YOU WERE TOLD THAT THIS IS OCCURRING

OPTIONAL: YOU MAY REMAIN ANONYMOUS; HOWEVER, PROVIDING THE BELOW INFORMATION WILL ASSIST US IN THE INVESTIGATION OF YOUR INFORMATION.

YOUR NAME _____ ADDRESS: _____

DAYTIME PHONE: _____ NIGHTTIME PHONE: _____

PLEASE CHECK YOUR PREFERENCE:

MAY WE CONTACT YOU BY PHONE YES NO

MAY WE CONTACT YOU AT HOME YES NO

IF YES, DO YOU PREFER THAT WE CONTACT YOU IN A MARKED UNMARKED
POLICE CAR?