

CITY OF BANNING

SPECIAL PATROL REQUEST



TYPE OF PROBLEM: (PLEASE CIRCLE)

- 1) DRUG HOUSE 2) DRUG ACTIVITY 3) GANGS 4) VANDALISM
5) STOLEN PROPERTY 6) STOLEN VEHICLES
7) OTHER _____

LOCATION OF OCCURRENCE OR AREA: _____

DATE AND TIME OF OCCURRENCE: _____

SUMMARY OF WHAT IS OCCURRING: _____

KNOWN INTELLIGENCE/POSSIBLE SUSPECTS INVOLVED: _____

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

PLEASE CIRCLE ONE OF THE FOLLOWING:

- A) YOU HAVE SEEN THIS OCCURRING
B) YOU SUSPECT THAT THIS IS OCCURRING
C) 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: _____

PHONE: DAYS: _____ NIGHTS: _____

PLEASE CIRCLE YOUR PREFERENCE:

May we contact you by phone? Y N May we contact you at home? Y N
If yes, do you prefer that we contact you in a marked unmarked Police car?