

Chief's Neighborhood Liaison Detroit Public Safety Headquarters 1301 Third Avenue, Suite 7-S Detroit, MI 48226 Office (313) 596-2520 Fax (313) 596-1450





APPLICATION FOR CITIZENS RADIO PATROL

(Confidential)
PLEASE PRINT

Name:				
Date of Birth:	_Sex	_Race_		
Address:				
City:	_State:		_Zip Code:_	
Home: ()Cell: ()_		Bu	siness: ()
Driver's License Number:				
Email Address:				
Emergency Contact Person:			-,	
Emergency Contact Telephone: ()_	·····			· · · · · · · · · · · · · · · · · · ·
How often can you serve on patrol (days	s/hours) <u>:</u>			
Name of Radio Patrol you plan to join (a	r Neighbor	hood):	_BOSTON	-EDISON
Name of Radio Patrol PresidentT	REVOR FO	OTITT_	· · · · · · · · · · · · · · · · · · ·	
Signature of Applicant		Date	!	
*NOTICE: Incomplete applications v provide all requested information and		•		e be certain to
DETROIT POLICE DEPARTMENT CHIEF'S NEIGHBORHOOD LIAISON 1301 THIRD AVENUE, SUITE 7-SOUT DETROIT, MI 48226	E-M	ail to:		bcglobal.net fellow

Privacy Act Notice: The Detroit Police Department's application form for the Citizen's Radio Patrol requests your Driver's License Number. The request is made pursuant to the Department's practice of requiring program participants to undergo a criminal history record check and using the Driver's License Number along with any identifying information to conduct criminal history record checks on them. This information is necessary for the Detroit Police Department to obtain accurate criminal history information and will be used solely for that purpose. Signing this document indicates that you have read and understand that your Driver's License Number will be used by the Detroit Police Department to obtain access to your criminal history information.