



APPLICATION FOR CITIZENS RADIO PATROL

(Confidential)
PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____
Date of Birth: _____ Sex: _____ Race: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ Cell: () _____ Work: () _____
Email: _____
Driver's License Number: _____
Emergency Contact Person: _____
Emergency Contact Telephone(s): () _____ () _____
How often can you serve on patrol (days/hours): _____
Name of Radio Patrol (if known): _____
Name of Radio Patrol President (if known): _____
Signature of Applicant _____ Date _____

***NOTICE:** Incomplete applications will NOT be accepted. Please be certain to provide all requested information.

Mail this information to: **Detroit Police Department
Chief's Neighborhood Liaison Office
1301 Third St., Suite 7 South
Detroit, MI 48226**

~~Confidential~~

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Or hand-deliver to: **A Neighborhood Police Officer (NPO)**

Privacy Act Notice: The Detroit Police Department's application for the Citizens 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.