



APPLICATION FOR CITIZENS RADIO PATROL

(Confidential)
PLEASE PRINT

Name: _____

Date of Birth: _____ Sex: _____ Race: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

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

Or fax to: **Detroit Police Department (313) 595-5818**

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.