

Chief's Neighborhood Liaison Office 1301 Third Avenue, S-7 Detroit, MI 48226





## APPLICATION FOR CITIZENS RADIO PATROL

(Confidential)
PLEASE PRINT

Name:	<del>-</del>
Date of Birth:	SexRace
Address:	
	State:Zip Code:
Home: ( )	Cell: ( ) Business: ( )
Driver's License N	umber:
Email Address:	
Emergency Contac	t Person:
Emergency Contac	t Telephone: ( )
How often can you	serve on patrol (days/hours):
Name of Radio Pa	trol you plan to join: Martin Park Patrol
Name of Radio Pa	trol President
Signature of  Applicant	Date
*NOTICE: Inco	mplete applications will NOT be accepted. Please be certain to sted information and mail/fax this information to the below liste  New Martin Park District Association 16100 Lawton
	Detroit, MI 48221

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.