



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: () _____ Business: () _____

Driver's License Number: _____

Email Address: _____

Emergency Contact Person: _____

Emergency Contact Telephone: () _____

How often can you serve on patrol (days/hours): _____

Name of Radio Patrol you plan to join (or Neighborhood): _____

Name of Radio Patrol President _____

Signature of Applicant _____ Date _____

***NOTICE:** Incomplete applications will NOT be accepted. Please be certain to provide all requested information and mail/fax this information to the below listed organization:

**DETROIT POLICE DEPARTMENT
 CHIEF'S NEIGHBORHOOD LIAISON
 1301 THIRD AVENUE, SUITE 7-SOUTH
 DETROIT, MI 48226**

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.