



Ralph L. Godbee, Jr.
Chief of Police



APPLICATION FOR CITIZENS RADIO PATROL

(Confidential)
PLEASE PRINT

Name: _____

Date of Birth: _____ Sex _____ Race _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Business Telephone: () _____

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: _____

Name of Radio Patrol President _____

Signature of _____ Date _____

Applicant _____

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

Police Community Services
7310 Woodward, 3rd Floor
Detroit, Michigan 48202
Phone: (313) 596-2520
Fax: (313) 596-2597

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.