

ROTHSCHILD POLICE DEPARTMENT

Ride-Along Request Form

Requesting Party: _____

Address: _____

Phone Number: _____

Date Of Birth: _____

Requested Date: _____

Shift: _____

Time: Start _____ End _____

Officer: _____

Reason For Ride-Along Request:

Approved **9**

Denied **9**

Reason For Denial: _____

Signature of Requesting Party

Signature of Parent/Guardian

Signature of Chief of Police