



Antrim Police Department

Citizen Ride-Along Request



Dear Sir:

I would like to ride along on: _____, 20____

For the following reason:

I have read and signed the Release and Waiver form and I understand the provisions.

Name: _____ DOB: _____

Address: _____

Phone #: _____ Best time / day to contact: _____

Date: _____ Signature: _____

Note: We will make every attempt to schedule the ride-along on the day you prefer; however this is subject to change for various reasons. You will be notified of the actual day(s) available to you. This program is for individuals who have an interest in law enforcement and would like to receive an education as to what the Antrim Police Department and other law enforcement agencies do on a day-to-day basis. Additional ride-alongs may be scheduled at the discretion of the department.

From: Supervisor
To: Officer
Subject: Authorization to Ride

Request is Approved Disapproved

Observer is authorized to ride on _____, 20____ for a period of _____ hours.