

### CITIZEN'S REQUESTS

It is essential to keep a record, of interactions with citizens in today's policing environment. This form has been established to help the Lake Placid Police Department serve you better by enhancing our ability to be accountable and effective for you. Please be patient and take the time to enter all information that is applicable.

DATE/TIME OF REQUEST \_\_\_\_\_

OFFICER/CLERK/WEB SUBMITTAL TAKING REQUEST \_\_\_\_\_

**PRIMARY REQUESTING CITIZEN**

Last Name	First Name	Address	City/State/Zip
Telephone	Email	Work Telephone	Cellular /Out of Town Telephone

**TYPES OF REQUEST**

**REQUEST FOR EXTRA PATROL/ATTENTION TO A COMMUNITY PROBLEM**

LOCATION OF PROBLEM \_\_\_\_\_  
 DATES/TIMES APPLICABLE \_\_\_\_\_ PERSON(S) VEHICLES INVOLVED \_\_\_\_\_  
 DESCRIBE PROBLEM \_\_\_\_\_

**REQUEST FOR POLICE CHECK ON VULNERABLE SENIOR CITIZEN (S.C.) (K.I.S.S. PROGRAM)**

NAME OF SENIOR CITIZEN \_\_\_\_\_ LOCATION OF RESIDENCE \_\_\_\_\_  
 RELATION TO REQUESTING PERSON \_\_\_\_\_ AGE OF S.C. \_\_\_\_\_ S.C. Email \_\_\_\_\_  
 TELEPHONE # FOR S.C. \_\_\_\_\_ ALARM TYPES IN USE IN HOME \_\_\_\_\_  
 S.C. MEDICAL BRIEF \_\_\_\_\_  
 S.C. LOCAL CONTACTS \_\_\_\_\_  
 DATES CHECKS REQUESTED \_\_\_\_\_  
 OTHER \_\_\_\_\_

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**REQUEST FOR HOUSE / BUSINESS CHECK**

LOCATION OF PREMISES \_\_\_\_\_  
 DATES REQUESTED (From) \_\_\_\_\_ (To) \_\_\_\_\_ ALARMS \_\_\_\_\_  
 NAMES OF PEOPLE WHO HAVE ACCESS TO HOME WHILE YOU ARE GONE \_\_\_\_\_  
 \_\_\_\_\_  
 VEHICLES THAT HAVE PERMISSION TO BE AT RESIDENCE \_\_\_\_\_  
 \_\_\_\_\_  
 LOCAL PERSON WHO WE MAY CONTACT IF THERE IS A PROBLEM \_\_\_\_\_  
 POTENTIAL DANGERS TO OFFICERS (Dog, electric fence ... ) \_\_\_\_\_  
 ADDITIONAL INFO \_\_\_\_\_

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**REQUEST FOR REPORT**

Officers have four days to complete reports. Please complete this section so we can accurately contact you when the report is ready.

APPROXIMATE DATE OF INCIDENT \_\_\_\_\_ LOCATION OF INCIDENT \_\_\_\_\_  
 TYPE OF INCIDENT \_\_\_\_\_ OFFICER IF KNOWN \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF PRIMARY INVOLVED PERSON \_\_\_\_\_

HOW DO YOU PREFER TO RECEIVE THE REQUESTED INFORMATION  
 MAIL AT \_\_\_\_\_  WILL PICK UP  OTHER \_\_\_\_\_

If receiving by mail please pay \$1.00 for copy and mailing.

**PUBLIC INFORMATION REQUESTED**

SPECIFICALLY DESCRIBE IN YOUR OWN WORDS THE INFORMATION YOU ARE REQUESTING UNDER F.S.S. 119. INCLUDE ALL DATES AND PERTINENT INFORMATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF INCIDENT \_\_\_\_\_ OFFICER IF KNOWN \_\_\_\_\_

NAME OF PRIMARY INVOLVED PERSON \_\_\_\_\_

THE Lake Placid Police Department is entitled per Florida Law to a reasonable amount of time to prepare the information requested, and to a reasonable financial payment for costs incurred while preparing all information requested. Your submitted request for the information implies a willingness to abide by Florida Law and make payment for the records requested at the time the information is received. You will receive written notice of any costs at the time you are notified that the information is ready to be delivered.

IN WHAT FORM DO YOU WISH TO RECEIVE THE INFORMATION REQUESTED

- VIEWING OF DOCUMENTS WHILE BEING SUPERVISED ONLY (NO COPIES REQUESTED)  
 COPIES OF ALL LISTED INFORMATION IS REQUESTED

HOW DO YOU PREFER TO RECEIVE NOTIFICATION THAT THE REQUESTED INFORMATION IS READY FOR DELIVERY:

- MAIL AT \_\_\_\_\_  EMAIL @ \_\_\_\_\_  
 OTHER IN WRITING AT \_\_\_\_\_  
 NOTIFICATION OF FEE AMOUNT IS WAIVED AND WILL BE PAID AT TIME OF DELIVERY

INITIAL OR SIGN HERE \_\_\_\_\_

**OFFICER COMMENDATION/PRAISE**

The Lake Placid Police Department places all commendations into officers permanent personnel files. These files may be reviewed by many in the officer's future. There is no greater compliment that a citizen can pay to an officer, or the department, than to take the time to express appreciation in writing.

OFFICER \_\_\_\_\_ OFFICER \_\_\_\_\_

CITIZENS NAME / ADDRESS / E-MAIL \_\_\_\_\_

COMMENDATION SUMMARY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH ADDITIONAL IF NEEDED

OTHER /ADDITIONAL INFO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_