

**FAIRBANKS POLICE DEPARTMENT
RIDE ALONG REQUEST PACKET**

APPLICATION DATE:

PASSENGER NAME: (First, MI, Last)

RESIDENCE ADDRESS (include City/State)

LOCAL PHONE CELL: EMAIL:

DATE OF BIRTH DRIVER'S LICENSE # STATE

EMERGENCY CONTACT NAME/NUMBER

If under the age of 18, the following must be completed by parent/guardian:

PARENT/GUARDIAN NAME: (First, MI, Last)

RESIDENCE ADDRESS (include City/State)

LOCAL PHONE CELL: EMAIL:

RELATIONSHIP TO PASSENGER:

ELIGIBILITY OF APPLICANT

(Choose up to three)

NOTES:

REASON FOR RIDE ALONG

NOTES:

OFFICER REQUESTED DATE/SHIFT REQUESTED

Requests for specific Officers and/or Shift will taken into consideration but not guaranteed.

FPD USE ONLY: Rec'd by/Date _____ Admin Rec'd by/Date _____ To DC _____

Deputy Chief: APPROVE DISAPPROVE Date _____ To WC _____

Applicant Contacted by/Date _____ Scheduled Date _____ Officer Name _____

Completed Ride: YES # of Hours ____ NO NO SHOW Admin to file _____
