North Fond du Lac Police Department
Ride Along Application

To be completed by Ride Along Applicant (Please Print)

_____

Last Name First Middle Birth Date

_____

Street Address

_____ _____ _____

City State Zip Code

_____

Telephone Number

_____

Profession/Occupation

Ride Along Date/Shift Preference:_____

If you prefer to ride with a particular officer, please specify:_____

Please specify reason for requesting Ride Along:_____

_____

_____

(Note: Village employees and officials, law enforcement officers from other agencies, and relatives and colleagues of NFPD employees do not need to complete this section.)

Administrative Section – To be completed by Department supervisor processing request

Date Received:_____ Request Processed By:_____

Security Check Acceptable (circle one): Yes No

Security Check Comments:_____

_____

Date/Shift/Officer Assignment:_____

Employee Supervisor Signature:_____

Shift Commander Signature:_____

Officer Approval (circle one): Yes No