

CITIZEN INFORMATION ALERT

PROGRAM

Please print. Completed forms can be dropped off at the Topsfield Police Department 24 hours a day.

NAME: _____ ADDRESS: _____

HOME PHONE: _____

E-MAIL ADDRESS _____

By signing this form you are authorizing members of the Topsfield Police Department to E-MAIL you information that the Topsfield Police Department deems important.

You can be removed from this list at any time by contacting the Topsfield Police Department in writing.

YOUR SIGNATURE: _____ Date & Time received: _____ Disp: _____

Police Department use Only:

Entered: _____ By: _____ Date: _____

Removed: _____ By: _____ Date: _____