



Everett Police Department Citizen Appreciation Form

Name		Phone Number	
Address			
Witness Name		Phone Number	
Witness Address			
Date and Time of Incident	Location of Incident		Incident or Event No. (If known)
Employee Involved		Additional Employee Involved	

Describe the incident.

“THANK YOU FOR SUPPORTING YOUR EVERETT POLICE DEPARTMENT”

Signature		Date	Witness Signature		Date
Accepted By:		Pers. No.	Date	Route to Alicia Hammond	