

HOLLIS POLICE DEPARTMENT HOLLIS, NEW HAMPSHIRE

Joseph R. Hoebeke CHIEF OF POLICE

Directed Patrol Request Form

Complaint type:

If other, please specify t	the complaint type:
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Location:

Time of violation:

Day(s) violation occurs:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Additional commen	nts:					

Contact information

Please provide your contact information *if* you wish to be contacted by Hollis Police with the results of the directed patrol.

Name:

Address:

Phone: