Larimer County Sheriff's Office

CITIZEN INFORMATION REPORT

Date and Time of Incident: _____

Location of Incident: _____
address city

Name of Sheriff's Office Employee(s): _____

_____

_____

Description of incident (as detailed as possible):

_____

_____

_____

_____

_____

_____

_____

_____

(continue on next page)

Reporting Party Information:

Name: _____
first middle last

Address: _____
street city state zip

Telephone: _____
home other (cell/work/pager)

_____
signature date

Larimer County Sheriff's Office

CITIZEN INFORMATION REPORT

Narrative (continued)

signature date