



**INVESTIGATIVE UNIT  
REQUEST FOR CITATION BY LAW  
ENFORCEMENT AGENCY**



DEPARTMENT		CASE #	
NAME OF PERMIT HOLDER		PHONE NUMBER	
ADDRESS OF PERMIT HOLDER			
DBA		PERMIT NUMBER	
TYPE OF PERMIT	DATE OF VIOLATION		TIME
SPECIFIC CHARGES			

NAME & ADDRESS OF PERSONS COMMITTING VIOLATION	
NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE

PERSON IN CHARGE AT TIME OF VIOLATION	
NAME	ADDRESS
PHONE	POSITION
STATEMENT TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME & ADDRESS OF OTHERS INVOLVED (MINORS, WITNESS, ETC) NOTE: IF JUVENILE, NAME & ADDRESS OF PARENTS MUST BE LISTED.		
NAME	DOB	AGE
ADDRESS	PHONE	
NAME	DOB	AGE
ADDRESS	PHONE	

EVIDENCE
WHAT WAS CONFISCATED?
EVIDENCE CONFISCATED BY?
EVIDENCE RETAINED BY?

OFFICERS TO BE SUBPOENAED		