Freeport Police Department
Citizens Complaint of Suspected Drug Activity

Address/Location of suspected drug activity:

Name of tenants/owner:

Address/Phone Number of owner (if known):

What actions make you suspect drug activity?(i.e., increased foot/motor traffic) Where does this occur?

When are the drugs being sold (day of week and time of day)?

Do you know what drugs are being sold? Yes No

How are the sales taking place? (i.e., drugs are hidden (give location))

Do you know who is selling the drugs: (description such as: age, race, sex, height, weight, scars/tattoos, hair style/color, facial hair, always wears a specific hat, etc.)?

Please note any vehicle information below: (attach additional sheets if needed)

License	Date	Time of Arrival	Time of Departure	Vehicle Description (color/make/model/damage)
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	/ /			
	/ /			
	/ /			
	/ /			

Additional Comments/Information:

**Completed forms may be returned anonymously at 709 S. Liberty or Freeport Police Department (parking ticket box), 320 W. Exchange Street, Freeport, Illinois.