



PLATTE CITY, MISSOURI POLICE DEPARTMENT

COMMUNITY ACTION REQUEST

C.A.R.#

OFFICER SERVING ACTION:

CITIZEN'S NAME, ADDRESS & PHONE NUMBER:

DATE & TIME OF OCCURRENCE:

LOCATION:

DETAILS:

Officer Receiving Information:		Date:	Time	Due Date:
Dates checked:	Times: From:	To:	Action taken;; Observations; Comments;	
Officer notifying complainant (if applicable):			Date notified:	Time notified: