
Help your community by reporting criminal activity.

You do not need to give your name, however we are asking for specific information about criminal activity in your neighborhood and on your streets. Help your Public Safety Department to help you by filling out this form as completely as possible. When complete, fold and mail this form to the address provided, or drop it by any City building, or give it to any Public Safety Officer.

PLACE
STAMP
HERE

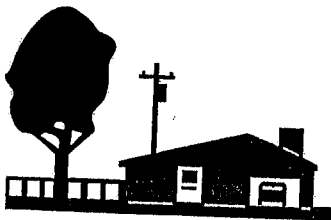
Greenacres Department of Public Safety
Attn: Community Orientated Policing Unit
2995 Jog Road
Greenacres, Florida 33467

Greenacres Department of Public Safety

HOTSHEET CAMPAIGN



Type of criminal activity:



DRUGS _____
JUVENILE PROBLEM _____
LOITERING _____
BURGLARIES _____

DOMESTIC VIOLENCE _____
THEFTS _____
TRESPASS _____
OTHER _____

Describe the activity: _____

Location of activity:

If you cannot give a specific address, please describe the location as completely as possible.

**It's up to all of us to
keep Greenacres a
good place to live.**

Suspect information:

Vehicle Description (Include License #, Make and Color): _____

**Be a concerned
neighbor.....
report crime.**

Suspect (Include race, sex, approximate age, unusual characteristics): _____

Day, Date and Time(s) of Occurrence: _____

