

CASTELLAMMARE NEIGHBORS BE OBSERVANT!!
Use This Form to Report Suspicious Activities or Crimes in Your
Neighborhood

Date of occurrence: _____	Vehicle information:
Time of occurrence: _____	Make: _____
Place of occurrence: _____	Model: _____
Description of Person:	Approx. Year: _____
Race: _____	License #: _____
Approx. Height: _____	State: _____
Clothing: _____	Color: _____
Distinguishing Marks: _____	Other: _____
Sex: _____	
Approx. Weight: _____	
Facial Hair: _____	
Other: _____	

Brief description of suspicious behavior/activity:

Your name, address and number (optional and confidential):

Police Report Filed? Yes or No Date: _____ Reference #: _____

Return Completed Form to
CMHO
P.O. Box 742
Pacific Palisades, CA 90272
or fax to 310 459-7225
or email information to info@castellammaremesa.com
Reply directly to www.alertcommunity.com (LAPD Senior Lead Officer will review)