

# Nevada Police Department

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## *Suspected Drug or Alcohol Activity*

*Please complete this form as much as possible. You may either submit it at the bottom of the page or print it off and return it to the Nevada Police Department. The following information will help us better respond to your request. Your information is not required if you would like to stay anonymous.*

### **Your Information**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Drug / Alcohol Activity Information**

Address of activity: \_\_\_\_\_

If address unknown, give directions to suspected activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Suspected individual(s): \_\_\_\_\_

\_\_\_\_\_

Type of activity:     Drugs     Alcohol     Other \_\_\_\_\_

Public or private property:     Public     Private     Other \_\_\_\_\_

If vehicle involved, please describe it:

Would you like an officer to contact you?     Yes     No

Other information to help us with your request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_