

PSRT Request Form

In order to fill out this form you must be a **citizen of the respective neighborhood, over the age of 13**, and you must **not be wanted** by any police service **anywhere in the world**. You can print it out, fill it out and bring it to your local LCPF station or fill out one of the ones already there.

Name (First & Last): _____

Date of Birth (Month/Day/Year): _____

Age (If under 14 must be signed by adult¹): _____

Email: _____

Phone Number: _____

Preferred Contact Method (Circle one):

Phone Call

Email

Letter

Text

Reason For Request- Not Required (Circle one):

Generally Feels Unsafe

Too Much Crime

Too Much Gang Activity

Other: _____

Area Where Request is For (If unsure, check map on website): _____

¹ Adult must be a "trusted adult", either a teacher, parent/guardian, librarian, or other community leader.

What do you hope the PSRT program will do for your neighborhood:

Signed X _____ Date: _____

If the person signing the form is **different from the applicant**, then they must fill out the following information.

Name (First & last): _____

Date of Birth (Month/Day/Year): _____

Age (Must be above 16): _____

Job: _____

Relationship to Applicant: _____

Applicant (If under 14) please sign below:

X _____ Date: _____

Lego City Police Force

“Making the Brick Safer”