



# Drug Tip Submission Form

## Norwalk Police Department

Norwalk Police Department appreciates any information that you can provide. If you feel that there is someone causing a problem in your area, please complete the form below.

Investigators may contact you for additional information if you wish. If you choose to remain anonymous, however, be assured that the information you provide will be acted upon.

All information will be held in **STRICT CONFIDENCE**

Suspect's Name: \_\_\_\_\_  
Possible Nicknames: \_\_\_\_\_  
Suspect's Address: \_\_\_\_\_  
Suspect's Phone Number: \_\_\_\_\_  
Approximate Age: \_\_\_\_\_  
Sex: Male  Female  Race: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Automobile Used: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ License Plate State: \_\_\_\_\_

Location of Drug Activity, Please Specify:

What types of drugs: \_\_\_\_\_  
Where are the drugs located? (Address, etc.): \_\_\_\_\_  
Who else lives at the residence? \_\_\_\_\_  
Time of drug activity? \_\_\_\_\_  
Day of drug activity? \_\_\_\_\_  
How do you know this activity is occurring? \_\_\_\_\_

Are you willing to speak with a detective? Yes  No

If you are willing to speak with us, please provide the following information:

Name (optional): \_\_\_\_\_  
Phone (optional): \_\_\_\_\_  
Email (optional): \_\_\_\_\_

If you do not give your Name, Phone or

Email, how may we Contact You: \_\_\_\_\_

Additional info or comments: \_\_\_\_\_