



**CITY OF CHESTERFIELD  
DEPARTMENT OF POLICE**



**REQUEST TO RIDE ALONG**

<b>Date of Application</b>			
<b>RIDE-ALONG APPLICANT INFORMATION</b>			
<b>Name</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>SSN</b>	<b>Age</b>	<b>DOB</b>	
<b>Home Phone</b>		<b>Work or Cell Phone</b>	
<b>Business/School/Organization/Etc.</b>			
<b>Reason for Request to Ride-Along:</b>			
<b>Date &amp; Time Requested to Ride:</b>			
<b>Applicant's Signature:</b>		<b>Date:</b>	
<b>Signature of Parent or Guardian:</b> <small>(Required if applicant is under the age of twenty-one)</small>		<b>Date:</b>	
<b>SECTION BELOW FOR POLICE DEPARTMENT PROCESSING ONLY</b>			
<b>Record Check Completed By:</b>		<b>Date:</b>	
<b>Approval</b>	<b>Patrol Commander's Signature:</b>		
<b>Supervisor Assigned to:</b>		<b>Officer Assigned to:</b>	
<b>Ride Along Completed:</b>			
Yes	No	<b>Date/Time:</b>	
<b>Route Completed Forms After Ride-Along/No-Show to Record Room (attach Release form)</b>			

