

Southern Pines Police Department
Request for Special Attention

Location

The following area/location requires Special Attention: _____

Purpose

Criminal Activity Suspicious Condition Traffic Other

Describe the condition, issue or concern: _____

Dates/Day of Week the Condition Occurs : _____ Times: _____

Person Requesting S/A:

Name: _____ Telephone #: _____
(Print Name)

Address: _____

Remarks

Police Department Use

Zone: 1 2 3 S/A #: _____

Request received by: _____ Date: _____

Entered into CAD by: _____ Date: _____

S/A Begins (Date): _____ Expires: _____