

Town of Milford

POLICE DEPARTMENT 19 Garden Street Milford, NH 03055 603-249-0630

Michael J. Viola
Chief of Police



APPENDIX TO RIDE-ALONG CITIZEN RIDE-ALONG REQUEST

Dear Chief:				
I would like to ride along on _		, accompanying		
Officer		for the following reason:		
I have read and signed the rele	ase form and	I understand the provisions.		
Name:	Date of Birth:			
Address:				
Telephone No		Best time to contact:		
		Signed		
	-	Parent/Guardian (if rider is a juvenile)		
From: Chief of Police				
To: Officer				
Subject: Authority to Ride				
Observer authorized to ride	Hours	on Date		
with Officer	пошѕ	Date		



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OFFICER RIDE-ALONG REPORT

Date of Ride:	Time of Ride:	
Officer:		
Any Comments or Problem		
	QUESTS A RIDE-ALONG PERMISSION,	
YES: NO:		, SHOOLD II DE GRANTED.
If not explain:		
Officer's Signature		
Chief of Police		



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$\underline{\text{Waiver and Release}}$

on my own
rs, estate agents and assigns
rs, estate agents and assigns of the authorization and ring the course of their or ng aware of the potential <u>CASE</u> all demands, atsoever, whether in law or tate agents, and assigns, and ast the Town, the Police agent and attorney thereofors, and estate, on account eeable or not, which may esult of my activities or a the police station, or cials thereof in any manner
SE shall apply for the nages, and causes of action and assigns and assigns and ast any of the aforesaid plice Department during,
ve been fully read and ed by me, and I hereby
granted to me to request, I hereby promise rpose of protecting my
day of
nt or Guardian if Juvenile)

Chief of Police