



# SAN RAMON POLICE DEPARTMENT

2401 Crow Canyon Road  
San Ramon, CA 94583  
(925) 973-2700



## CITIZEN RIDE-ALONG REQUEST

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME TEL NO:** \_\_\_\_\_ **WORK/CELL NO:** \_\_\_\_\_

**DRIVER'S LICENSE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

(If under 18 years of age)

NOTE: A criminal background check will be made for all Ride Along requests.

**DATE(S) YOU ARE REQUESTING:**

**FIRST CHOICE:** \_\_\_\_\_ **SECOND CHOICE:** \_\_\_\_\_

**Note:** 1. Allow at least two weeks in advance of today's date, for your selected Ride Along dates.  
2. Certain weekend shifts are not available for Ride Along dates (Exclude Fri. & Sat. swing shifts)

**WORK SHIFTS REQUESTED:**

**MON-THUR (9A-11:30A)** \_\_\_\_\_ **MON-THUR (7P-9:30P)** \_\_\_\_\_

**FRI-SUN (1P-3:30P)** \_\_\_\_\_ **FRI-SUN (7P-9:30P)** \_\_\_\_\_

**STATE YOUR REASON(S) FOR THIS RIDE ALONG REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only:	Scheduled Date: _____ / _____ / _____	Person Notified: _____ / _____ / _____
----------------------	---------------------------------------	--