

# PREMISE SURVEY REQUEST FORM

COMPLETE ONLY TOP PORTION OF THIS FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Referred By:

Block Club       Phone       Staff       Other Please specify \_\_\_\_\_

Please mail your completed form to:

**SAINT PAUL POLICE DEPARTMENT  
COMMUNITY SERVICES UNIT  
367 GROVE STREET,  
SAINT PAUL, MN 55101**

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## TO BE COMPLETED BY POLICE PERSONNEL ONLY

Contacted for appointment (date): \_\_\_\_\_

Survey scheduled (date): \_\_\_\_\_

Survey completed (date): \_\_\_\_\_

Any indication that assistance might be needed to implement recommendations? Please explain:

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