



Community Policing Survey

Please prioritize the offenses that you would like your community policing program to develop and work on. Indicate #1 for most important, #2 for next important, etc...

- | | |
|---|--|
| <input type="checkbox"/> Burglaries | <input type="checkbox"/> Property Destruction |
| <input type="checkbox"/> Traffic Law Violations | <input type="checkbox"/> Underage Drinking/Smoking |
| <input type="checkbox"/> Juvenile Offenses | <input type="checkbox"/> Larcenies |
| <input type="checkbox"/> Loud Parties | <input type="checkbox"/> Drug Law Violations |
| <input type="checkbox"/> Assaults | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Neighborhood Quality Issues |
| <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Loitering | <input type="checkbox"/> Retail Fraud |
| <input type="checkbox"/> Other (List): _____ | |

The Fremont Police Department’s Community Policing Program will be offering several programs designed to enhance community relations and awareness. Please indicate program areas you would be interested in. Indicate #1 for the most interested, #2 for next, etc...

- Home security checks for vacationers
- More patrols in your neighborhood
- Crime Prevention Programs
- Domestic Violence Programs
- Crime in the Workplace Programs
- Gang Awareness
- Home and Self Protection
- Neighborhood Watch Program
- Safety Awareness Programs
- Others (List): _____

Would you like to be contacted by our community policing officer? Would you like to know more about our program? If so, please print your name, address, and telephone number below.

Name: _____
 Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

*Please mail or drop off at 101 East Main Street, Fremont, MI 49412.
 You may also call (231) 924-2100 for an appointment.*