



**METRO SECURITY FORCE INC.  
POLICE ASSISTANCE REPORT**



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

**OFFICER REQUESTING ASSISTANCE:** \_\_\_\_\_

**BREIF DESCRIPTION OF INCIDENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTION REQUESTED OF POLICE OFFICER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WAS AN APS SUPERVISOR NOTIFIED PRIOR TO THE POLICE BEING CALLED?** \_\_\_\_\_

**IF NOT, EXPLAIN** \_\_\_\_\_

**TIME POLICE CALLED** \_\_\_\_\_ **AM OR PM**

**ARRIVAL TIME:** \_\_\_\_\_

**WAS REPORT MADE BY POLICE** \_\_\_\_\_ **IF YES CASE NUMBER** \_\_\_\_\_

\_\_\_\_\_  
**OFFICER SIGNATURE**

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

\_\_\_\_\_  
**SUPERVISOR SIGNATURE**

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