

Law Enforcement Application Form

All interested law enforcement agencies will be requested to complete the following form and return it to hnh@familiesagainstnarcotics.org.



Date _____

Police Department _____

Address _____ Zip _____

Main Phone _____

Contact Name _____

Contact Title _____

Contact Phone _____

Contact Email _____

Lobby Hours of Operation _____

Approximate # of Officers _____

Will your department be running LEIN? Yes _____ No _____

If yes, do you agree to only arrest for violent felonies or domestic abuse? Yes _____ No _____

Is your department interested in participating in HNH? Yes _____ No _____

Comments/Questions _____

Signature: _____

Return to hnh@familiesagainstnarcotics.org.

Questions: Kim Baffo 586.322.9921 or kimb@familiesagainstnarcotics.org