



SUSPICIOUS ACTIVITY REPORT

TO: THE CITY OF VERNON COMMUNITY SAFETY OFFICE

FAX: 250.260.5866

EMAIL: RZUBICK@VERNON.CA

FROM: _____

CONTACT PERSON : _____

ADDRESS: _____

DATE: _____

REPORT

INCIDENT OR SUSPICIOUS ACTIVITY: _____

DATE OF INCIDENT/SUSPICIOUS ACTIVITY: _____

TIME OF INCIDENT/SUSPICIOUS ACTIVITY: _____

DETAILS: _____