

**EDGEWATER POLICE DEPARTMENT
NARCOTICS COMPLAINT**

COMPLAINANT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LOCATION OF OCCURRENCE: _____

DATE/TIME OF OCCURRENCE: _____

MAY WE CONTACT YOU FOR MORE INFORMATION?: _____

SUSPECT INFORMATION (IF ANY): _____

VEHICLE INFORMATION: MAKE _____ MODEL _____ COLOR _____
YEAR _____ TAG _____ STATE _____

ADDITIONAL VEHICLE INFORMATION: _____

ADDITIONAL SUSPECT INFORMATION: _____

NARRATIVE (EXPLAIN): _____

This form may be downloaded and mailed to :
Edgewater Police Department
Attention: Sgt. Timothy Huggins
Patrol Division
P.O. Box 100
Edgewater, Fl 32132