

## Drug Enforcement Citizen Tip Form

What illegal drug or alcohol behavior do you wish to report?

Where did this take place?

Who was involved? (Any suspect names, contact information and descriptions, along with what they did or were suspected of doing will be helpful.)

What make you believe what is occurring is illegal?

How do you know about it?

What additional information can you tell us that might be useful?

### OPTIONAL INFORMATION

You may submit this information anonymously, but it would be most helpful if you could provide your name and number so we can contact you should more information be needed. Any information provided will be kept confidential.

Name:

Phone number:

### ***Please mail, fax, or email this form to:***

Nicholasville Police Department  
Drug Enforcement Unit  
510 North Main Street  
Nicholasville, Kentucky 40356  
859.885.9467 phone  
859.885.1766 fax  
police@nicholasville.org