



Molalla Police Department

Frank Schoenfeld Chief of Police

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EXTRA PATROL REQUEST/AREA COMPLAINT

Your Name: _____ Date of Birth: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone #: _____ Email: _____

Give a brief description of the problem: _____

What location is it occurring (be as specific as possible): _____

What time of day is it occurring (be as specific as possible): _____

Date: _____ Time: _____ Received by: _____