



Help Make Our Community Drug Free Turn in a Drug Dealer

The information gathered as a result of the following form is confidential and will not be divulged to anyone outside the Dresden Police Department Drug Unit. Any information you may provide even if only a partial description will be evaluated and placed into a composite file of all other information gathered, hopefully to provide a full picture of the problem, as it exists. Action will be taken on every submission. Thank you for your valuable cooperation. Based upon the credibility and investigative value of information provided reward money may be available.

Name of suspected drug dealer: _____

Nickname or alias: _____

Description: Ht. _____ Wt. _____ Sex: _____ Age: _____ Race: _____

DOB: _____ Hair: _____ Eyes: _____

Address: _____

Suspect's cell phone: _____ Pager: _____

Vehicle: Make & Model _____ Year _____

Tag # _____ Color _____ Remarks _____

Associates: _____

Type of Drugs Being Sold: _____

Location of Dealing: _____

Method of Dealing: _____

Main Customers: (school kids, friends, etc.) _____

Code Name you wish to be known by: _____

May this office contact you? _____ If YES, then how: By mail or phone? _____

Mailing address: _____ Phone: _____

If NO, then will you contact us again using the same code name should you have further information? ☐ YES ☐ NO

Please mail this form to:

Dresden Police Department (Attn: Drug Unit)
117 West Main Street, Suite B
Dresden, TN 38225