

SAUK COUNTY DRUG TASK FORCE

Drug "Tip" / Information

Confidential*Confidential****Confidential****Confidential***

CASE # _____

Suspect

NAME: _____

D.O.B.: _____

ADDRESS: _____

PHONE: _____

Reported/Suspected Activity

Source of Information

Name: _____

Address: _____

Phone: _____

Date Information Received: _____

Deputy/Officer Who Obtained Information: _____