SAN ANTONIO POLICE DEPARTMENT SEX OFFENDER PARK EXEMPTION APPLICATION

DATE SUBMITT	ED:	TIME	•	
OFFENDER NAME:ADDRESS:SOCIAL SECURITY#RACE:WEIGHT:HAIR			RSO# PHONE	
RACE:	WEIGHT: HAIR		EYES:	
VEH LICENSE:_				
OFFENSE CONV	ICTION(S)·			
DATE OF CONVI	CTION(S):			
PUNISHMENT:_				
VICTIM"S AGE:_				
PARK NAME: PARK ADDRESS	S:			
PARK ADDRESS EXEMPTION BEO EXEMPTION EN	GINNING DATE:		TIME	
EXEMPTION EN	D DATE:	TIMI	F:	
REASON/DETAI REQUEST:				
SUPERVISING I	DETECTIVE			
APPROVED:	DENIED:_			
CHIEF OF POLI NAME:			TITLE:	
SIGNATURE:				