

Off-Campus Party Summary

Event #:		Estimated number at party:	
Block/Street:		Neighborhood:	
Day of Week:	Date:	Time:	
Please indicate numbers in each category below.			
Contacts		Citations Given	
<input type="checkbox"/> Total people cited <input type="checkbox"/> WWU <input type="checkbox"/> Live on-campus <input type="checkbox"/> Live off-campus <input type="checkbox"/> WCC <input type="checkbox"/> Other College/University <input type="checkbox"/> High School		<input type="checkbox"/> Minor in possession <input type="checkbox"/> Furnishing alcohol to minors <input type="checkbox"/> Noise violation <input type="checkbox"/> Disorderly conduct	
Comments:			

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