

Paradise Valley Police Department

Swatting Alert Form

6433 E Lincoln Dr
 Paradise Valley, AZ 85253
 Phone: 480-948-7410 | Fax: 480-998-0877



Dispatch Incident Number(s) for reference:			
Names and mobile phone number of all residents:			
Address:			
Home Phone Number:			
Email:			
Verbal Password:			
Have you been the victim of a prior swatting incident?		Yes	No
Circumstances that put you at risk for swatting:			
Vehicles on premise:			
Are they in the garage or outside?		Inside	Outside
		Both	
Do you have an alarm system?		Yes	No
Is it monitored?		Yes	No
		By what alarm company?	
Alarm company Telephone #:			
Is your keyholder information current?		Yes	No
Who can we contact in case of an emergency?		Cell Phone:	
		Do they have a key?	
		Yes	No
Do you have a Knox box?		Yes	No
Where is it located?			

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If a critical incident is called into the Paradise Valley Police Department (PVPD) at your address, we will attempt to contact you at the numbers provided before making personal contact at the residence to verify the circumstances. Please keep cell phones with ringers on at all times. Swatting incidents often happen in the middle of the night when people are sleeping, and we will need to reach you by phone if we are to de-escalate our response. To maintain the accuracy of your information, please create a Rave Facility account with the steps provided on our website and log in to confirm your information annually. Not doing so will cause your Swatting Alert to expire and may result in an enhanced police response. Once you have signed and completed this Swatting Alert form, you can finish enrollment by uploading this form under the 'Resources' tab within your RAVE Facility account which accessible from our website describing the PVPD Anti-Swatting Program at www.paradisevalleyaz.gov/swatting

If you would like your swatting alert deleted from our system or you move, please contact the Community Resource Officer in writing by email to fulfill your request at CRO@paradisevalleyaz.gov.

I have read and acknowledge the content listed above.

Signature:

Printed Name:

Date:

Additional Emergency Contact Information: