LATENT PRINT TEAM ACTIVITY LOG

NAME: _____ S.C.O.P.E. STATION: _____

LATENT PRINTS TEAM INCIDENT SUMMARY FOR THE MONTH OF: _____ YEAR: _____

DATE PROCESSED	INCIDENT NUMBER	ADDRESS OF DISPATCH	HOURS	SVPD ☑	SCSO ☑	COMMENTS

PLEASE FAX COMPLETED LOGS TO 477-5641 Revised Aug 11, 2010