

OFFICERS DAILY LOG
RIESEL POLICE DEPARTMENT

Officer _____

Date _____	Day of Week _____	Mileage Start _____	
On Duty _____	Equipment Check at beginning of Shift	Yes _____ No _____	
Off Duty _____			Tape# _____
Notes _____			
Notes _____			
Notes _____			
Notes _____			
Notes _____			

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On Duty _____	Equipment Check at beginning of Shift	Yes _____ No _____	
Off Duty _____			Tape# _____
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