



**Grant Funded Alcohol Enforcement
Activity Summary**

This activity summary must be completed and returned with your reimbursement request.

Agency: _____

Contact Person: _____

E-Mail: _____

Phone: _____

Enforcement Dates:

_____ Number of businesses checked

_____ Number of businesses that checked ID

_____ Number of businesses that sold to minor

_____ # of officers participating

_____ # of hours worked by participating officers

_____ # of minor in possession (MIP) citations

_____ # of contributing to minor citations

Other notable activity:

Report Submitted By:

Signature
Revised 12/21

Type or Print Name

Date