

WAGNER



COSTA MESA POLICE DEPARTMENT

SPECIAL WEAPONS AND TACTICS

SWAT Practice Notification/Approval

Name: WAGNER, J.

Division: PATROL

Date of Practice: NOV 1ST & 2ND
FRI SAT

Location: CAMP PENDLETON

First Line Supervisor

Check Below:

- 1. Approved *without* a fill. Yes No Meets minimum staffing. Yes No
- 2. Approval fill is *required*. Yes No (SWAT Officer is responsible to obtain.)
- 3. *Not approved*, conflicts with primary assignment. Yes No

First Line Supervisor Signature [Signature] Date 10/23/96

SWAT Team Leader

Verified with SWAT Team Leader Yes No

Signature RA SMITH LT Date 10/24/96

SWAT Team Leader delivers Goldenrod copy to Area or Bureau Commander of SWAT Officer.

Date _____

M.O.V.T. Facility. Sniper- Logistics training.