

OFFICER REQUEST FORM

REQUESTED BY: _____ DATE OF REQUEST: _____

ORGANIZATION NAME: _____ PHONE NO.: _____

LOCATION: _____

DATE: _____ START TIME: _____ END TIME: _____ # IN Group: _____

EXPLAIN WHY OFFICER IS BEING REQUESTED:

For Departmental Use Only

APPROVED BY: _____

DATE: _____

**AFTER COMPLETING PRESENTATION
PLEASE FILL OUT BELOW AND RETURN
TO CHIEF'S OFFICE**

OFFICER ASSIGNED: _____

NUMBER IN GROUP: _____

OFFICER ASSIGNED IS TO DESCRIBE BELOW HIS PARTICIPATION IN THIS ASSIGNMENT:
