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:

_________________________________________________________________________

_________________________________________________________________________

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