

OAK RIDGE POLICE DEPARTMENT  
Officer Request Form

Requested By: \_\_\_\_\_ Date Requested: \_\_\_\_\_

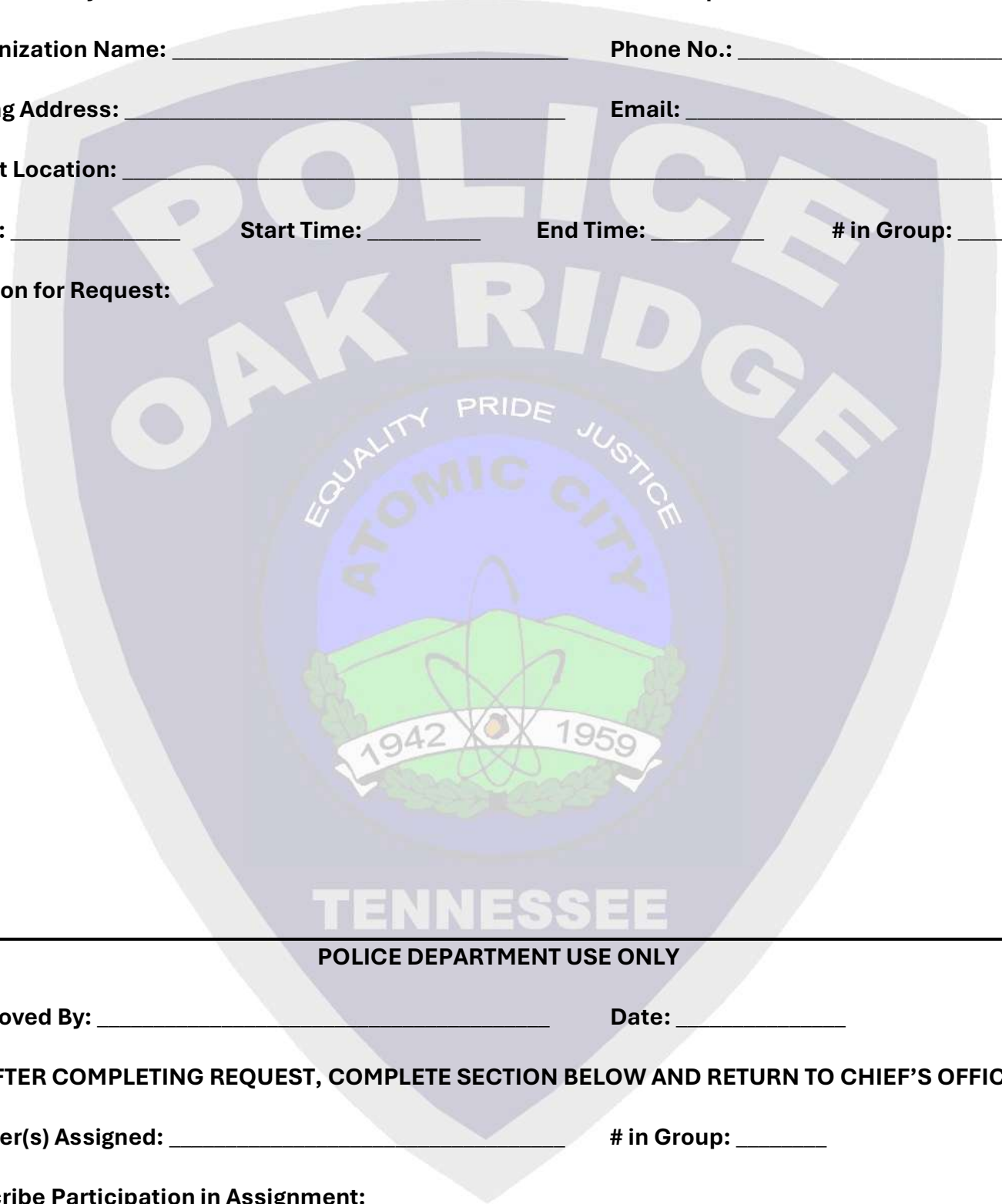
Organization Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Event Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ # in Group: \_\_\_\_\_

Reason for Request: \_\_\_\_\_



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POLICE DEPARTMENT USE ONLY

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**AFTER COMPLETING REQUEST, COMPLETE SECTION BELOW AND RETURN TO CHIEF'S OFFICE**

Officer(s) Assigned: \_\_\_\_\_ # in Group: \_\_\_\_\_

Describe Participation in Assignment: