

Community Program/Appearance Request

Date of request _____ Date/time for program _____

Organization/club/school _____

Contact Person _____

Address _____

Phone _____ Alternate Phone _____

e-mail _____

Location of appearance _____

Type of program/appearance requested (Be specific. Material to be covered, hand outs, age group, other demographics, language, length of program, etc.)

Request for specific person _____

For department use only

Deputy assigned _____ Date assigned _____

Change in shift _____ Straight time _____ Pay _____ Comp _____ On Shift _____

Form completed by _____

Approved by _____ Date _____

DOSO 183 (7/03)