

**MONROE COUNTY SHERIFF'S OFFICE  
COMMUNITY SERVICES UNIT  
REQUEST FOR SERVICE**

Event Information	
Name of Event: _____	
Type of Event: <b>Talk</b> <b>Meeting</b> <b>Display</b> <b>Tour</b> <b>Other</b> _____	
Date: _____ Start Time: _____ End Time: _____	
Location (Address/Town): _____	
Purpose of Event: _____	
Projected Number of Attendees: _____	
Permit Required?: <b>Y</b> <b>N</b> <b>N/A</b> Permit Obtained?: <b>Y</b> <b>N</b> <b>N/A</b>	
List Permit(s) if Applicable: _____	
Stationary Event? <b>Y</b> <b>N</b> If no, provide start and end locations (attach map for reference): _____ _____	
Additional Notes, Equipment, or Special Requests: _____ _____ _____ _____ _____	

Organization
Requesting Person or Organization: _____ _____
Address: _____
Contact Person: _____
Phone: _____
Email: _____

MCSO Information
Person taking request: _____ Date of Request: _____
cc: CSU Sgt ____      cc: Zone Clerk ____      cc: Zone Captain ____      cc: Spec Ops Captain ____

Approved \_\_\_\_ Denied \_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_ Signature \_\_\_\_\_