## Hillsborough County Sheriff's Office Community Outreach Division

Post Office Box 3371 Tampa, FL 33601 (813)247-8115

Service requested for: Date:/	/	Times:	to _	
Name of organization requesting serv	vice:			
Contact person(s):				
Contact phone number(s): home: other:				t:
E-mail address:				
Address/location of requested service	e:			
TYPE OF S	SERVICE(S	S) REQUESTED		
	(Complete page 2)			Brochures
DETAILED D	<mark>ESCRIPTI</mark>	ON OF REQUE	ST	
Is this a fund raising event? □ yes □	⊐ no	Is event open to	the public?	□ yes □ no
Number of people expected to attend	l:	-		
Age groups:   Pre-school   Ele	ementary	□ Youth/Teens	□ Adults	□ Seniors
Details:				
For deputy participation, a minim	ıum of six t	o eight (6-8) wee	ks notice is r	equired.
Send completed to the above a	address, or	fax to (813) 242-1	1813, or ema	il to

communityevents@hcso.tampa.fl.us for review.

Assigned to:

For Office Use Only Reviewing Supervisor:

Revised 2018-03-21

Date:\_