Hillsborough County Sheriff's Office
Mounted Enforcement Team Request

2224 Falkenburg Road
Tampa, FL 33619
Phone (813) 247-8605

Service requested for: **Date:** ____/____/_____ **Times:** _____ to _____

Name of organization requesting service: _____

Contact person(s): _____

Contact phone number(s): home: _____work: _____ext: _____
cell: _____ other: _____

E-mail address: _____

Address/location of requested service: _____

_____

TYPE OF SERVICE(S) REQUESTED

□ Group Meeting/Teaching/Demonstration □ Off-duty Patrol □ On-duty Patrol

DETAILED DESCRIPTION OF REQUEST

_____

_____

Number of people expected to attend: _____

Send completed form to the above address or fax to (813)242-1858 for review.

For Mounted Unit participation, a minimum of three (3) weeks notice is required.

For Office Use Only

Reviewing Supervisor: _____ Date:_____

Approved for Overtime: Yes No

Homeland Security Division Commander Approval:_____ Date:_____