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 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

□ Outdoor Event □ Group Meeting/Teaching □ Brochures

DETAILED DESCRIPTION OF REQUEST

Is this a fund raising event? □ yes □ no Is event open to the public? □ yes □ no

Number of people expected to attend: _____

Age groups: □ Pre-school □ Elementary □ Youth/Teens □ Adults □ Seniors

Details: _____
_____

Send completed form to the above address or fax to (813)242-1813 for review.
For deputy participation, a minimum of three (3) weeks notice is required.

For Office Use Only
Reviewing Supervisor: _____ Assigned to: _____ Date:_____