



# Twin Rivers District Police Department POLICE OFFICER REQUEST FORM



1333 Grand Avenue Sacramento CA 95838 Dispatch 916 286 4875 Fax 916 286 4920

\_\_\_\_\_  
Requesting Person

\_\_\_\_\_  
School Activity Account Number

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Event Start/End Time(s)

\_\_\_\_\_  
Location of Event

\_\_\_\_\_  
Requesting Site or Department

\_\_\_\_\_  
Type of Event

\_\_\_\_\_  
Expected Attendance

\_\_\_\_\_  
Number of Officers Requested

\_\_\_\_\_  
Attending Site Admin. During Activity

### **OFFICER(S) ASSIGNED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### **CAMPUS MONITOR(S) ASSIGNED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### **SPECIAL INSTRUCTIONS AND/OR COMMENTS:**

**NOTE:** Police Services will always add two hours to the request time (1 hour before/1 hour after)  
All requests must be completed and emailed to Police Services two weeks' prior to event.

**Date Request Received:**