



Real People. Real Possibilities:
DON SCHONHARDT, MAYOR

REQUEST FOR SPECIAL DUTY SERVICES

Exhibit A

Requestor:

Name of Organization: _____

Address: _____

Point of Contact: _____

Primary Phone Number: _____

Email Address: _____

Secondary Point of Contact: _____

Secondary Phone Number: _____

Nature of Special Duty:

Requested tasks/ instructions: _____

Location of Special Duty: _____

Start Date/Time of Request: _____

End Date/Time of Request: _____

Number Officers Requested: _____

Number Vehicles Requested: _____