

Request for Mounted Patrol

All requests should be forwarded to the Community Services Supervisor at least one-week prior to the event If you have questions please call 515-3000.

Contact person: _____ Date: _____

Mailing Address: _____ Zip: _____

Phone: _____ Email: _____

Name of Event: _____

Date/Time Needed: _____ Rain Date/Time: _____

Location: _____

Reason for Request:

_____ Directed Patrol

_____ City-sponsored event

_____ Special Security Detail

_____ Neighborhood-sponsored event

_____ Mutual Aid Assistance

_____ Nonprofit-sponsored event

_____ NCSUPD -sponsored event

_____ Business-sponsored event

Additional information about detail/event:

(For Office Use Only)

_____ Approved

_____ On-Duty Assignment

_____ Unit Notified

_____ Not Approved

_____ Off Duty Assignment

_____ Event Posted

Reason(s) for request not approved:
