



# SHERIFF - Marion County Special Detail Request Form



Business: \_\_\_\_\_

Location of Special Detail: \_\_\_\_\_

Event Type: \_\_\_\_\_

Deputy Responsibility: \_\_\_\_\_

Alcohol: Yes  / No  (select one)

| Dates Needed | Start/Stop Times | No. of Deputies |
|--------------|------------------|-----------------|
| _____        | _____            | _____           |
| _____        | _____            | _____           |
| _____        | _____            | _____           |
| _____        | _____            | _____           |
| _____        | _____            | _____           |
| _____        | _____            | _____           |
| _____        | _____            | _____           |
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| _____        | _____            | _____           |
| _____        | _____            | _____           |
| _____        | _____            | _____           |
| _____        | _____            | _____           |

Other Comments: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ | Fax Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Sheriff's Office Supervisor Approved by: \_\_\_\_\_  
(Signature & ID #) (Date)

Invoice :  Paid:  Entered: