



Canby Police Department

PUBLIC EDUCATION REQUEST FORM

All requests are tentative pending approval of the Operations Lieutenant

CONTACT INFORMATION			
TODAY'S DATE:			
REQUESTING PARTY:			
DAY PHONE:		EVENING PHONE:	
CONTACT PERSON:			
DAY PHONE:		EVENING PHONE:	
PRESENTATION/PROGRAM INFORMATION			
DATE OF PRESENTATION:		TIME OF PRESENTATION:	
NUMBER OF CHILDREN IN GROUP:		AGE RANGE OF CHILDREN:	NUMBER OF ADULTS:
LOCATION OF PRESENTATION:	<input type="checkbox"/> Police Department <input type="checkbox"/> Other: _____ _____		
PROGRAM REQUESTED:	<input type="checkbox"/> Station Tour <input type="checkbox"/> Traffic Safety <input type="checkbox"/> Gang Awareness <input type="checkbox"/> Identity Theft <input type="checkbox"/> General Crime Prevention <input type="checkbox"/> Other: _____ _____		
DEPARTMENT USE/INFORMATION			
Information taken by:		Date:	
Assigned to:		Date:	
Completed by:		Date:	

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