LINCOLN COUNTY SHERIFF'S MOUNTED POSSE
EVENT APPLICATION

EVENT NAME _____

SPONSORING ORGANIZATION _____

CONTACT PERSON _____

DATE (S) OF EVENT _____

BEGINNING TIME OF EVENT _____ ENDING TIME OF EVENT _____

NUMBER OF OFFICERS REQUESTED _____

TOTAL NUMBER OF REQUESTED MAN-HOURS _____

CONTACT PERSON AT EVENT _____

ALCOHOL AT EVENT YES _____ NO _____

SIGNATURE _____

SPECIAL NOTES AND EXPECTATIONS OF OFFICERS

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