

Request for Suffolk Sheriff's Office Speaker

To: Sheriff R.H. Isaacs Sr.
Chief Deputy E.C. Harris
Suffolk Sheriff's Office
P. O. Box 1632
Suffolk, Virginia 23434

PHONE: (757) 514-7840

FAX: (757) 514-7853

Date:

Name of requestor: _____ Daytime Phone: _____

Organization name/type: _____

Street address: _____

Please check ONE of the following selections. Use additional forms if making more than one request.

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto Theft Prevention | <input type="checkbox"/> Senior Safety | <input type="checkbox"/> Project Child Safe |
| <input type="checkbox"/> Business Security Checks | <input type="checkbox"/> Child Fingerprint ID | <input type="checkbox"/> Stranger Danger |
| <input type="checkbox"/> Career Information | <input type="checkbox"/> Home Safety & Security | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bullying Prevention | | |

Requested Date and Time: _____ Alternate Date and Time: _____

Number of persons expected to attend: _____ Ages, if under 18: _____

Special requirements, requests or additional comments:

PLEASE SUBMIT REQUEST AT LEAST **THREE WEEKS** PRIOR TO THE EVENT. *Note, due to manpower limitations, we may not be able to accommodate all requested dates.*

TO: _____ DIVISION DATE FORWARDED: _____

TO: Sheriff Isaacs Sr. DATE FORWARDED: _____

FROM: _____

NAME OF DEPUTY ASSIGNED: _____

DATE DEPUTY NOTIFIED: _____

SUPERVISOR'S SIGNATURE: _____

CONTACT PERSON NOTIFIED (YES / NO) ON _____