



Santa Rosa County Sheriff's Office

Sheriff Bob Johnson

5755 East Milton Road
Milton, FL 32583

Event Request Form

Name: _____ Application Date: _____

Organization: _____ Date & Time of Event: _____

*Alternate Date & Time for request (if needed): _____ Indoor or Outdoor: _____

Location: _____
(Please provide address)

Contact Phone Number: _____ Email: _____

Estimated number of attendees: _____ Is a table provided?: _____

What are you requesting? (Please check all that apply)

____ Crime Prevention information/Child ID Kits

____ K9 Demonstration/Meet and Greet

____ Deputy Meet and Greet

____ Sheriff's Mounted Posse

____ Active Shooter Training* (Please provide Alternate date & time)

____ Other (Please Specify):

What is the purpose of your event?:

Why do you wish the Santa Rosa County Sheriff's Office to attend?:

Authorization

____ Approved

____ Not Approved

____ Need more information

Authorized Signature

Title

Date