

# JACKSONVILLE POLICE DEPARTMENT

## PROGRAM REQUEST

TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_

PERSON REQUESTING PROGRAM
ORGANIZATION REPRESENTED
LOCATION OF PROGRAM
CONTACT TELEPHONE NUMBER(S)
DAY/DATE/TIME OF PROGRAM
PROGRAM SUBJECT
AGE GROUP OF PARTICIPANTS
NUMBER EXPECTED TO ATTEND
EXPECTED LENGTH OF PROGRAM

### OTHER INFORMATION

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### SHIFT COMMANDER RETURN

Officer Assigned to Program: \_\_\_\_\_

Program Requester Contacted On: \_\_\_\_\_

\_\_\_\_\_  
(Shift Commander & Date)

Shift commander: assign program, insure that requester is contacted by officer giving program,  
fill out bottom of form and return to the Deputy Chief of Operations within 5 days.