SHERIFF'S DEPARTMENT SPEAKERS BUREAU

REQUEST FORM

EVENT:	PRESENTATION DURATION:
TOPIC:	
LOCATION:	
DATE OF EVENT:	TIME:
SPONSOR/ORGANIZATION:	
CONTACT INFORMATION:	
TARGET AUDIENCE:	
EXPECTED ATTENDANCE:	
STEP STORY	
	T TYPE BELOW THIS LINE
E CAS A	RDING
FOR PUBLIC AFFAIRS USE ONLY	
TON TOBLIC ATTAINS USE ONET	
ASSIGNED DEPUTY / STATION:	
CONTACT INFO:	
DATE ASSIGNED:	



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