



Presentation Request Form

	ing crime i revention	ii Presentation.	Please give two (2) weeks	s advance notice for p	resentation. Red	ganization's ceived By
Name of Sc Business _					ontact erson:	
Address of Presentation:			Phone Number:		Fax Numb	per:
Date of Presentation	on:		Time of Presentation:		Lengtl Preser	
Language f	Language Preference: English		Spanish	Total Children	n:	Total Adults:
Scho	ool Presentat	ions	Workplace/Bus	siness Presenta	ations Oth	er Presentations
=	Crime Prevention ((Speaker)	General Crime Preven	ntion (Speaker)	=	R.K. Program
Officer F	•	l	Business Survey			Presentations
=	ety Presentation	!	Business Event		=	Station Tour
K-9 Prese		!	Safety In the Workplace			Safety Seats Presentation
Career D	•	!	Traffic Control Detail			Party
Bullying	Prevention	ļ	Hotel/ Motel Safety			e
Health F	air	!	Health Fair			Inspections
Child ID		!	Security Detail		Other	
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Pharr Po Date	************* Dlice Administration	*******	******		******	
Pharr Po	**************************************	*******			*******	Date:
Pharr Po Date Received Added to Calander	**************************************	******** n Only	*********** Chief of Police Assitant Chief			Date:
Pharr Po Date Received Added to Calander Assigned	**************************************	********* n Only	*********** Chief of Police Assitant Chief *Unsched	*******		Date:
Pharr Po Date Received Added to Calander Assigned	*************** d: co r: d to:	********* n Only	*********** Chief of Police Assitant Chief *Unsched	*******		Date: