



OFFICE OF  
Phil Camus, Constable Precinct 5  
HARRIS COUNTY, TEXAS

## **SPECIAL EVENT REQUEST FORM**

PRINTED OFF OF THE INTERNET

### **INSTRUCTIONS:**

PLEASE FILL OUT THIS FORM COMPLETELY. WE NEED TO RECEIVE THE FORM AT LEAST TWO (2) WEEKS IN ADVANCE. IF YOU FILL THIS FORM OUT LESS THAN TWO WEEKS IN ADVANCE, PLEASE FAX IT IN AND WE WILL MAKE EVERY EFFORT TO MEET YOUR NEEDS. ONCE FORM IS COMPLETE FAX TO 281.492.3540, ATTENTION SPECIAL OPERATIONS.

TODAY'S DATE: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIMES: \_\_\_\_\_ TO \_\_\_\_\_

REPRESENTATIVE TO BE PRESENT: \_\_\_\_\_

AGE OF AUDIENCE: \_\_\_\_\_ NUMBER IN AUDIENCE: \_\_\_\_\_

NUMBER OF DEPUTIES REQUIRED/REQUESTED: \_\_\_\_\_

ROUTE OF EVENT (IF PARADE, FUN-RUN, ETC.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MISCELLANEOUS INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **DEPARTMENTAL USE ONLY: (PLEASE DO NOT FILL OUT ANY OF THE BELOW INFORMATION)**

SUPERVISOR NOTIFIED OF THIS REQUEST: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BY:  FAX  TELEPHONE  DEPUTY/SUPERVISOR: