



PAM MATRANGA
GALVESTON COUNTY CONSTABLE'S OFFICE
PRECINCT 7

SPECIAL EVENT REQUEST FORM

INSTRUCTIONS:

Please fill out this form completely. We need to receive the form at least two (2) weeks in advance.
Please fax it to 281-339-3048.

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: _____ ALT. 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