



NAVAJO COUNTY SHERIFF'S OFFICE

AUXILIARY VOLUNTEERS

REQUEST FOR ASSISTANCE



ALL INFORMATION IS REQUIRED TO PROCESS THIS REQUEST. PLEASE FILL EACH SECTION

DATE OF REQUEST: _____ DATE OF EVENT: _____

NAME OF ORGANIZATION REQUESTING SERVICES: _____

IS THIS A PROFIT OR NON-PROFIT ORGANIZATION? (check one) PROFIT NON-PROFIT

NAME OF EVENT: _____

BEGINNING EVENT TIME: _____ ENDING TIME: _____

LOCATION OF EVENT: _____

LOCATION OF PRE-EVENT MEETING: _____ DURATION: _____

HOW MANY SAV'S ARE REQUESTED? _____

WHAT TYPE OF ASSISTANCE DOES THIS EVENT NEED? _____

RESPONSIBLE PERSON: _____ PHONE: _____

ON-SITE CONTACT PERSON: _____ PHONE: _____

I understand and agree to the terms for this request. I have provided any and all accurate information to the best of my knowledge. I understand that by checking this box I am providing my digital signature to the Navajo County Sheriff's Office.

THE SHERIFF'S AUXILIARY VOLUNTEERS OF NAVAJO COUNTY DEPEND LARGELY ON DONATIONS FOR OPERATIONS. DONATIONS ARE APPRECIATED

[CLICK TO SUBMIT FORM](#)

FOR OFFICIAL USE ONLY	
Navajo County Sheriff: _____	Date: _____
SAV Corporate President: _____	Date: _____
Unit Director: _____	Date: _____
Law Enforcement Jurisdiction: _____	