

Print

EVENT TALKGROUP REQUEST

handled on a first in/fi 2. Return form via the	rst out basis. eMail button at the top of the p	bmit at least two weeks prior to event. page (icc@ipsc.in.gov), or by fax, 317.234 to ensure that the request has been rec	1.6514. Please
Requesting Agency:		Today's Date:	
Agency Contact:		Contact eMail:	
Phone #:	Mobile:	Fax:	
Name and Description of Eve	ent:		
Coverage Area Required: (Cit Participating Agencies:	:y, County, Region AND/OR attac	th marked up map indicating coverage no	eeded):
Start Date/Time:	End	Date/Time:	
Additional Information:			
Requestor Signature:		Title:	
Print Name:		Date:	
	IPSC U	USE ONLY	
□ Approved	Denied Notes:		
Signature:		Date:	