



# Reserve Event Request Form

**\*\* PLEASE FOLLOW THE DIRECTIONS ON THE ATTACHED GENERAL INSTRUCTION SHEET \*\***

**Business / Organization Name:** \_\_\_\_\_

**Event Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_

**Officer arrival time (am/pm):** \_\_\_\_\_ **Expected completion time (am/pm):** \_\_\_\_\_

**Type of event:** \_\_\_\_\_

**Services requested, and number of officers requested for each service**

**Service:** \_\_\_\_\_ **# Officers:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **# Officers:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **# Officers:** \_\_\_\_\_

**Alcoholic beverages Available** Y  / N  **If no – Allow as carry in** Y  / N

**Other restrictions if applicable:** \_\_\_\_\_

\_\_\_\_\_

**Initial officer arrival contact person / method / location:** \_\_\_\_\_

\_\_\_\_\_

**Remuneration if applicable (not required):** \_\_\_\_\_

**Additional pertinent information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\***

**Request received date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

## GENERAL INSTRUCTIONS FOR THE HCSD RESERVE OFFICER REQUEST FORM

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- Please insure a minimum of 10 business office days (M-F) between the date this request form is submitted to an HCSD employee and the first date of the requested service. Failure to adhere to this will significantly reduce our ability to satisfy the request.
- Requests can be submitted well before the 10 business day minimum. The more advance notice we have the greater the probability of being able to accommodate the request.
- In the case of multi-day events, if number of officers or services requested varies from day to day, a separate form for each day should be submitted.
- Request forms **MUST** be submitted directly to a representative of HCSD,

or by mail to;

Harrison County Sheriff Dept. Reserves  
1445 Gardner Lane NW  
Suite 100  
Corydon, IN 47112

or by email to the Reserve Coordinator;

[tate.anderson@harrisoncounty.in.gov](mailto:tate.anderson@harrisoncounty.in.gov)

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## REQUEST FORM ENTRY EXPLANATIONS

### Business Organization Name

The name of the business or organization that is hosting or sponsoring the event.

### Event address

The physical event address where the officers are to report on the event date.

### Contact for request clarification

Contact name and information prior to the event date for questions about the request.

### Event Dates

The event date or dates that pertain to the remainder of the request information. If services or number of officers requested differ from day to day of the event, please use a separate form for each date or dates that have common requirements.

### Type of event

Examples, High School Basketball game, Church picnic, Parade, School Fair, etc.

### Services requested and number of officers requested for each service

One line per service type and number of officers requested for that service. Examples; Officer presence – 2 officers, Lead parade in patrol car – 1 officer, Proceeds escort – 1 officer, Traffic control at entrance – 1 officer, etc.

**Officer arrival and expected event completion times**

The actual time that responding officers should report for the event, and the time that the event is expected to complete. We understand that the ending times will fluctuate and will make a best effort to insure officers are available until completion where possible.

**Alcoholic beverages**

Circle the correct responses to indicate if alcohol will be sold or otherwise available to event guests. If alcoholic beverages will not be sold or available during the event, circle the correct response to indicate if event guests will be allowed to bring their own beverages to the event.

**Other restrictions if applicable**

Use this area to indicate any other restrictions for this event. Examples, folding chairs, pets, cameras, etc.

**Initial officer arrival contact person / method / location**

To whom, or to where should responding officers report at the requested arrival time. This could be a person, a particular location at the event, or a telephone contact.

**Remuneration if applicable (not required)**

If this is to be a “paid event” for the responding officers or the HCSD reserve organization, describe the payment amount, method, and timing of that payment. Again, this is NOT a requirement to request officers for an event.

**Additional pertinent information**

Any additional information that you feel should be communicated to HCPD prior to this event.

**NOTE:**

The HCSD personnel who accept this request form for consideration will date and sign the form on the date received, and it will be reviewed and accepted or rejected as a qualifying event for the services requested.

The Harrison County Sheriff has the right to accept or reject requests based on department policy and state and local regulations.

The person listed as the “Contact” will be notified after the request is reviewed.

**IF YOU HAVE ANY OUTSTANDING QUESTIONS, PLEASE CONTACT HCSD DURING DEPARTMENT OFFICE HOURS AT 812-738-2195.**