

VOLUSIA SHERIFF'S OFFICE

Off-Duty Deputy Request Form

Extra-Duty Employment Detail Coordinator: Mitzi Perry

Name of Event:				
Service Date (s) Requested:	Start/ End Times	Number of Deputies Requested	Number of Attendees Expected	
	to			
	to			
	to			
Location of Event:				
Alcohol being served? Yes No				
Description of Services Requested: (Traffic, Security, Etc.)				
Name of Business or Individual:	Contact Person's	Contact Person's Name:		
	Contact Person's	Contact Person's Phone Number:		
	Contact Person's	Contact Person's Email:		
Business or Individual's Address and Phone:		Billing Name, Address and Phone Number (if Different):		
Name and Phone Number of Contact Person on the Day of the Event (if Different):				
Approved Denied by:	Date:	Business/Individual Notified: Ye	es No Date:	