



# GREATER SUDBURY POLICE SERVICE

## REQUEST FOR AUXILIARY ATTENDANCE

DATE OF EVENT	TIME(S) OF EVENT	NUMBER REQUESTED
EVENT		EVENT LOCATION
CONTACT PERSON NAME		TELEPHONE NUMBER & EXTENSION
		(   ) -
CONTACT PERSON ON SITE		ANTICIPATED RESPONSE DATE
SUMMARY OF DUTIES:		
VEHICLES REQUIRED/ARRANGEMENTS MADE THROUGH		
SPECIAL NOTATION (IF APPLICABLE)		
SIGNATURE	EMPL. NUMBER	DATE

***FOR ADMINISTRATIVE PURPOSES ONLY***

REQUEST	AUTHORIZED SIGNATURE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
AUXILIARY SERGEANT ASSIGNED	DATE ASSIGNED
NAME(S) OF AUXILIARIES SCHEDULED	
EVENT SUMMARY/NOTEWORTHY ITEMS OF INTEREST	
DATE APPLICANT NOTIFIED	
<input type="checkbox"/> COPY OF REQUEST SENT TO APPLICANT	