BCOAG Community Outreach Activity Request Form

PHS Officer POC:

OPDIV/DIV:

Phone:

Email:

Date requested:

Requesting Organization Contact Name:

Contact Individual's Phone:

Contact individual's Email:

Activity Name:

Activity Location:

Activity Date/Time

Information about organization, event goal, and estimate of attendees:

Detailed Request/Additional Information (type of services/activities requested for PHS Officers to participate in):

Number of PHS Officers required:

Required Uniform:

Internal Use Only

Approved by	Date