

**Town of Manlius Police Department
Community Relations Request Form**

Preliminary Information

Event: _____ Date Received: _____ Time Received: _____
Location of event: _____ Date of event: _____ Time: _____
Duration: _____ Number attending: _____
Type of presentation requested: _____
Contact Person: _____ Contact Phone: _____ Alternate Phone: _____
Organization sponsoring event: _____
Special Requirements: _____
Request Received by: _____ Turned Over To: _____

Assignment Information

Officer(s) Assigned: _____ Date Assigned _____
Date Contact Person Contacted: _____
Time Contact Person Contacted: _____
Resources Required _____

Officer Completion Report

of people attending event: _____ Ages: _____ Was the event a success? YES NO
Concerns voiced by community: _____
Law Enforcement concerns / problems: _____
Officer(s) completing assignment: _____

Follow Up

Final action(s): _____
Officer completing: _____ Forwarded to: _____ Date forwarded: _____