



# TRACY POLICE DEPARTMENT

1000 Civic Center Drive – Tracy, CA 95376  
Voice: 209-831-6550 – Fax: 209-831-4017

## Request for Presentation – Community Policing Unit

Today's Date: \_\_\_\_\_

Date and Time of Requested Appearance: \_\_\_\_\_

(Please allow at least 30 days' notice)

Name of Organization: \_\_\_\_\_

Address of Presentation: \_\_\_\_\_

Please indicate type of Property (i.e. Business, Residence, Church, Etc.)

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Topic and Type of Presentation (Please indicate if there will be any need for PowerPoint or other display items.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be a Q & A?  Yes  No If Yes, Please indicate what area(s) of interest the audience may have:

\_\_\_\_\_  
\_\_\_\_\_

Approx. Duration of Expected Presentation: \_\_\_\_\_

Number of Expected Attendees: \_\_\_\_\_ Attendees Age Group:  Adults  Juveniles  Both

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### For Internal Use Only

Approved  Denied

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Assigned To: \_\_\_\_\_