

# PUBLIC FUNCTION REQUEST ENFIELD POLICE DEPARTMENT



Town of Enfield, NH 603-632-7501

Name of Organization: *Complete Address of Sponsor/Organization*	
Phone Number:	
Date of Event:	
Purpose of Event:	
Type of Event:	
Name, Date of Birth, Address of PERSON IN CHARGE:	
Location of Event:	
Number of Expected Participants:	
Number of Private Security Personnel:	
Medical Personnel:	
Locations of Prior Events: *Please provide address/telephone#	
Starting and Ending Times:	
Name of Insurance Company/Surety Bond:	
Outside Accommodations:	
Parking Availability:	
<b>POLICE DEPARTMENT APPROVAL:</b>	
Number of Police Officers Assigned:	
NOTES:	
<i>The Enfield Police has a 2 hour minimum time allocation per Officer.</i>	
The billing rate per officer per hour is currently \$ _____.	
The number of police officers assigned is subject to change at the discretion of the Chief of Police or his designee. Pursuant to RSA 105:9.	
CHIEF OF POLICE or Designee	Date