



City of Firebaugh
1133 "P" Street
Firebaugh, Ca 93622-2547
Phone (559) 659-2043
Fax (559) 659-3412
Web: ci.firebaugh.ca.us

REQUEST FOR POLICE SERVICE

NAME _____ PHONE # _____

SERVICE ADDRESS _____ City/St/Zip _____

Date of Event _____ Time of Reception _____ Time of Dance _____

Place of Event _____ Type of Event _____

Invitation only - Yes _____ No (Open to Public) _____ How many people attending? _____

If applicable, Organization holding the Event _____

Will alcohol be provided? Yes _____ No _____ if selling - Please provide copy of ABC license.

Who will be selling or serving alcohol? _____

Name of person liable for damages/emergency response _____

The above information is true to the best of my knowledge; I understand that I can be held liable for falsifying the above information.

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Approved By: _____

Number of Officers: _____

Hours of Service: _____

SIGNATURE

DATE