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|  | Community Relations  Event Attendance Request |  |  |
|  |  | |  |
|  | All requests must be submitted 72 hours in advance of the event date/time.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Please complete and submit this form to [ajwhite@gulfport-ms.gov](mailto:ajwhite@gulfport-ms.gov)  ***REQUEST WILL ONLY BE FILLED IF OFFICERS ARE AVAILABLE IN THE AREA OF THE REQUEST.*** | | | | | | | |  |  |  | | | | | | Request Date |  | Name | | | | | |  | | |  |  | | | | Location of Event | | |  | Event (Birthday, Anniversary, Etc.) | | | |  | - |  |  |  | | | | Event date & times | | |  | Phone Number | | | |  | | | | |  |  | | Additional Information / Requests | | |  |  |  | Social Media Accounts | |  | | |  |  |  |  | | Gulfport Police Department Community Relations Fill Below | | | | | | | |  | | | | | | | |  | | |  |  | | | | Approved or Not Approved | | |  | Area // Officer Assigned | | | |  | | | | | | | | If NOT Approved, Explain Why | | | | | | | |  | | | | |  |  | | Supervisor | | |  |  |  | Date | | |  |