

Request for Auxiliary Police security at special events.

Date of Request _____

Organization requesting Security _____

Organization contact person _____

Phone Number _____

Event Type _____

Event Date and Time ___/___/_____ at ___:___ am / pm

Event Location _____

Type of security needed. (traffic control, crowd control, general presence, etc)

Fill out information above and return to the Hillsboro Police Department or mail to:

Hillsboro Police Department
447 S Main St. Suite 5
Hillsboro, IL 62049