

**City of Medford
School Sanctioned Event
Police Escort Application Request**

Application must be filled out completely and legibly to be processed.

Fee: N/A

Date of Application: _____

Sport/Group: _____

Contact Person: _____

Date of Escort: _____

On-Site Manager: _____

Starting Point: _____

Ending Point: _____

Starting Time: _____

Ending Time: _____

Phone Number: _____

Email Address: _____

Description of Event:

Route: (Include a map of your route)

Number of Anticipated Units: _____

Types of Units:

Applicant's Signature: _____

Date: _____

For City Use Only

Date Received: _____

Police Department: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Public Works: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Fire Department: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Electric Utility: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Final Action: _____ Approve _____ Disapprove

Modification Recommended:

Date Issued: _____