

**NAVAJO COUNTY SHERIFF'S OFFICE AUXILIARY VOLUNTEERS  
REQUEST FOR ASSISTANCE**

The Sheriff's Auxiliary Volunteers (S.A.V.) is a support organization of the Sheriff's Office and was organized as a mobile block watch for the various areas of the county. All requests for assistance will go through the Sheriff and the S.A.V. for approval. Any requests within the incorporated areas of the county will be submitted through the local police agencies. The local law enforcement agency must sign the form. **We are a law enforcement support agency for the Sheriff's Office of Navajo County.** All requests for assistance of the S.A.V. **must** be submitted no less than 30 days prior to the event. This is required in order for the requests to be evaluated by the Sheriff's Office and the S.A.V.

**THE S.A.V. DEPENDS LARGELY ON DONATIONS FOR OPERATION**

DATE OF REQUEST: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_ DURATION: \_\_\_\_\_

LOCATION OF PRE-EVENT MEETING: \_\_\_\_\_ DURATION: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_ NUMBER OF SAVs REQUESTED: \_\_\_\_\_

TYPE OF ASSISTANCE: \_\_\_\_\_

ORGANIZATION REQUESTING ASSISTANCE: \_\_\_\_\_

Profit

Non-Profit

NAME OF RESPONSIBLE PERSON: \_\_\_\_\_

PHONE NUMBER OF CONTACT PERSON: \_\_\_\_\_

I understand and agree to the terms for this request. I have provided accurate information to the best of my knowledge. I understand that by checking this box I am providing my digital signature to the Navajo County Sheriff's office.

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Official Use Only

NAVAJO COUNTY SHERIFF: _____	DATE: _____
CORPORATE PRESIDENT: _____	DATE: _____
UNIT DIRECTOR: _____	DATE: _____
LAW ENFORCEMENT JURISDICTION: _____	