

ROCKWALL POLICE DEPARTMENT HONOR GUARD REQUEST FORM



Business / Individual making request: _____

Contact number and / or email: _____

Address of event: _____

Describe nature of event: _____

Date and time of event: _____

Does the location have a facility for Honor Guard to change: YES ___ No ___

Signature: _____

Date: _____

Please submit your request either in person at the Rockwall Police Department, 205 W Rusk, Rockwall, TX 75087

Via email: twilliamson@rockwall.com or mjoseph@rockwall.com

APPROVAL

Division Sergeant: _____ YES ___ NO ___

Division Commander: _____ YES ___ NO ___

Chief of Police: _____ YES ___ NO ___