

# COLLIN COUNTY SHERIFF'S OFFICE HONOR GUARD REQUEST

Name/Event: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time Event Begins: \_\_\_\_\_

Location (address) of Event: \_\_\_\_\_

Event Route (if applicable): \_\_\_\_\_

Requested Time of Arrival: \_\_\_\_\_ Hours the Team will be needed: \_\_\_\_\_

Please list a person that will be available at the event that can be contacted by the Honor Guard. Please include contact number, including cell phone, and email.

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Honor Guard Detail Requested:

Please email this form to: [CCSOHonorGuard@collincountytexas.gov](mailto:CCSOHonorGuard@collincountytexas.gov)

**Please note:**

The participation of the Collin County Sheriff's Office Honor Guard at any event is at the discretion of the Sheriff. We ask for at least four weeks' notice, but will try to accommodate short notice requests if staffing allows.

For Office Use

Lieutenant	Approved _____	Denied _____	Date _____
Captain	Approved _____	Denied _____	Date _____
Commander	Approved _____	Denied _____	Date _____
Assistant Chief	Approved _____	Denied _____	Date _____
Chief Deputy	Approved _____	Denied _____	Date _____
Sheriff	Approved _____	Denied _____	Date _____