

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 who will be available at the event that can be contacted by the Honor Guard.
Please include the contact number (including cell phone number) and email.

Contact Person: _____ Phone Number: _____

Email Address: _____ Cell Number: _____

Honor Guard Detail Requested:

Please email the completed form to CCSOHonorGuard@collincountytx.gov

Please note: Participation of the Honor Guard at any event is at the discretion of the Sheriff. We ask for at least four weeks' notice, but we will try to accommodate short notice requests if staffing allows.

----- **For Office Use** -----

Lieutenant: _____ Date: _____ Approved Denied

Captain: _____ Date: _____ Approved Denied

Commander: _____ Date: _____ Approved Denied

Assistant Chief: _____ Date: _____ Approved Denied

Chief Deputy: _____ Date: _____ Approved Denied

Sheriff: _____ Date: _____ Approved Denied