



MIAMI-DADE SCHOOLS POLICE DEPARTMENT
REQUEST FOR K-9 PRESENTATION



DATE REQUESTED: _____

SECTION I – SCHOOL INFORMATION

REGION: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SECTION II – EVENT DESCRIPTION

DATE OF EVENT: _____ TIME OF EVENT: _____

EVENT COORDINATOR: _____ TITLE: _____

NAME OF EVENT: _____

TYPE OF EVENT (i.e. drug awareness, PTA presentation, rally): _____

PURPOSE OF K-9 PRESENTATION: _____

SECTION III – SCOPE OF PRESENTATION

DISTRICT PRESENTERS/DEPTS: _____

OUTSIDE AGENCIES: _____

SECTION IV – SITE APPROVAL

PRINCIPAL: _____ SIGNATURE: _____

For Internal Use Only: K-9 Unit Available: Yes ___ No ___

Administrative/Operations Division: _____
Administrator Signature Date

Chief's Office: _____
Chief Signature Date

Official Request: Approved _____ **Denied** _____