



TO THE COMMISSIONER OF POLICE

Appln No

CONTACT DETAILS

I (NAME)

OF (ADDRESS)

.....

TELEPHONE No

E-MAIL

Make ourselves responsible for all costs in relation to police services required.

Signature of Applicant

Date

Stamp

To be completed by Traffic Unit

No of police officers required

Date of proposed escort(s)

Time of proposed escort(s)

Stamp

Signature of Officer

To be completed by Accounts

Department

GRR No

Date

Deposit Paid

Signature of
Officer

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