

# ANCHORAGE POLICE DEPARTMENT APPEARANCE REQUEST FORM



Use this form when requesting a member of the Anchorage Police Department to attend your event.  
Appearance requests must be made at least **30 days** in advance of the event.  
Email completed form to [anita.shell@anchorageak.gov](mailto:anita.shell@anchorageak.gov) or mail to the  
Anchorage Police Department Attn: Public Affairs, 4501 Elmore Road, Anchorage, AK 99507  
You will be contacted upon approval/denial.

Today's Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Orginzation/Agency Requesting: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Duration: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Presentation Topic: \_\_\_\_\_

Is there a specific person being requested? If so, whom: \_\_\_\_\_

Is there a fee associated with this event? If so, describe: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### APD Use Only

Date Request Received: \_\_\_\_\_ Request Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Recontacted Requestor: Email Phone Date: \_\_\_\_\_ Name/DSN \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_