



RGW SERVICE REQUEST FORM

Date _____ Time _____ Caller _____

Company Name: _____

Address _____ Zip _____

Billing Address (if different from above) _____

Phone#(_____) _____ Fax#(_____) _____

City Location ____ Reno ____ Sparks ____ Carson ____ Las Vegas ____ Henderson ____ Other

Start Date: _____ # of Officers per Shift _____

Armed: (Circle One) Yes / No Multiple Posts: (Circle One) Yes / No

Post Name: _____

Post Address: _____

(Include Full Address and Zip if different from above company address)

POST TIMES	FROM	TO	HOURS
Example: Mon thru Friday	6pm	6am	12 per shift
MON.			
TUES.			
WED.			
THURS.			
FRI.			
SAT.			
SUN.			
Expected Duties & What Type of Event it is)			
Remarks: (If you're not sure of spelling, names, etc., please ask, don't guess)			

Prepared By: _____