

**PUBLIC SAFETY BUILDING**  
**Tour Request**  
**1801 AVENUE B, SCOTTSBLUFF**

Date of Tour \_\_\_\_\_  
Starting Time \_\_\_\_\_ Termination Time \_\_\_\_\_

Second choice \_\_\_\_\_  
Starting Time \_\_\_\_\_ Termination Time \_\_\_\_\_

General Purpose of Tour  
\_\_\_\_\_

Organization Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

Head of Organization's Name \_\_\_\_\_ Phone \_\_\_\_\_

Means of Arrival (walking, bus, etc.)  
\_\_\_\_\_

No. of Persons \_\_\_\_\_ Ages \_\_\_\_\_

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

--- APPROVAL ---

The above tour is hereby \_\_\_ GRANTED or \_\_\_ DENIED Starting Time \_\_\_\_\_

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

Chief of Police \_\_\_\_\_ Fire Chief \_\_\_\_\_