



ANTHONY M. WICKERSHAM

OFFICE OF THE SHERIFF

ELIZABETH J. DARGA
UNDERSHERIFF

MACOMB AREA COMPUTER ENFORCEMENT REQUEST FOR PRESENTATION

Date of Request: _____

School/Organization: _____

Person Requesting: _____

TYPE OF PRESENTATION REQUESTED – CHECK ONE:

- Internet Safety – Elementary
- Internet Safety – Middle/High School
- Internet Safety – Parent
- Identity Theft

Estimated Attendance: _____

Date & Time of Presentation: _____

Location of Presentation: _____

Contact Information Name: _____

Phone Number: _____

E-mail Address: _____

*******PLEASE FAX COMPLETED FORM TO (586) 463-4390*******

Date Received: _____

Reserve Officer Assigned: _____