

Richmond Hill Police Department
Range Request Form

Requesting Agency: _____

Agency Head or Designee: _____

Instructor/Coordinator: _____

Contact Phone#: _____

Requested Date: _____

Time Training Will Begin: _____

Time Training Will End: _____

Approx Number of Personnel To Be Trained: _____

Facilities Requested (Check all that apply)

PISTOL RANGE

TURNING TARGETS

RIFLE RANGE

The undersigned understands that all training facilities requested must be inspected prior to use and upon completion of training by an officer of the Richmond Hill Police Department. Telephonic contact must be available for the requesting agency to communicate with the Richmond Hill Police Department and the Bryan County 911 Center at all times in the event of an emergency.

The undersigned further understands and acknowledges that any training conducted at the Richmond Hill Police Department's facilities is the sole responsibility of the requesting agency. The Richmond Hill Police Department is not responsible for providing any support for the requesting agency's training. The requesting agency will ensure that the facilities are kept clean and will not willfully damage any property or equipment. In the event any RHPD property or equipment is damaged during training, the requesting agency will immediately notify the RHPD.

Agency Head or Designee (Print)

Agency Head or Designee (Signature)

Date

Instructor/Coordinator (Print)

Instructor/Coordinator (Signature)

Date

Fax or email completed form to:
LT Sakelarios
(912) 756-2008
jsakelarios@richmondhill-ga.gov