



Virginia Division of Capitol Police

Commonwealth of Virginia

REQUEST FOR DIVISION HONOR GUARD/COLOR GUARD

Date of Request: _____

Is this request related to a Line-of-Duty death? ☐ No ☐ Yes

Name of Person Submitting Request: _____

Name of Group or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Alt. Phone: (For After Hours and During Event): _____

Email: _____ Website: _____

Name of Event: _____

Event Address: _____

Date(s) of Event: _____

Hours of Event: _____

Hosting Agency: _____

Agencies/Groups Participating: _____

Number of People Expected to Attend: _____

VIP'S Expected to Attend? ☐ No ☐ Yes

If yes, please provide name(s): _____

Description of the Event: _____

Special Events Commander Approval: _____ ☐ Yes ☐ No

Deputy Chief of Operations Approval: _____ ☐ Yes ☐ No

Assistant Chief of Police Approval: _____ ☐ Yes ☐ No

Chief of Police Approval: _____ ☐ Yes ☐ No

Comments:
