

# Request for Coast Guard Auxiliary Safety Patrol

**Sponsoring Agency/Organization:**

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is requesting Coast Guard Auxiliary patrol services for the following event.

## Marine Event Activity Information

**Date(s), Start and Completion Time(s):**

**Operation Area Description (Operating area description detail must be correct):**

**Number of Units Requested:**

**Contact Person (Sponsoring/Requesting Activity):**

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Name (print)	Signature	Date
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Address, City, State, Zip	Telephone Number
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**Coast Guard Auxiliary Safety Patrol:**

Approval recommended  Not recommended\*\*

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Name (print)	Signature	Date
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Address, City, State, Zip	Telephone Number
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**Mail Completed Document to:**

Coast Guard – Sector Portland  
ATTN: Auxiliary Office  
6767 North Basin Avenue  
Portland OR 97217

\*\* Attach letter outlining special requirements or reasons for not recommending approval.