Office of the Sheriff  
Steuben County

Request of Canine Demonstration or Services Form

Any member of the public, organization, office or agency who is requesting a demonstration or the services of any Canine Deputy Sheriff and his or her partner through the Steuben County Sheriff’s Office must complete this form and submit same to the Steuben County Sheriff’s Office no later than (30) days before the date of the requested Demonstration or Service to be performed. The requesting contact person will then be notified within (10) days of the receipt of said request whether or not their request can be honored due to availability and scheduling of a Canine Deputy(s) employed by this office. The mandatory (30) request date deadline can only be waived at the discretion of the Sheriff or his designee, or under extraordinary circumstances.

- Law Enforcement Agencies are exempt from this Request Process -

Name of Requesting Organization: _______________________________________________

Contact Person: __________________________________ Title: _______________________

Address of Demonstration / Service: ______________________________________________

Town: ____________________________ Parking Area: _____________________________

Requested Date: ______________ Start Time: ____________ End Time: ______________

Contact Number: ________________ Fax: ______________ Email: ___________________

Description of Request: (Please include all details such as audience age, inside or outside, etc.)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature: ______________________ Date Submitted: ____________________________

Please fax completed form to 607-776-7671 or email to shuttsj@co.steuben.ny.us

Stuben County Sheriff’s Office Use Only

Date Received: ______________ Member Receiving: ______________

Requesting Organization Contacted: ___________________________ Time: ______________

Approved / Disapproved: ________ Event Placed on Calendar in Dispatch: ___

K-9 Deputy Advised: Date: ______________ Time: __________ Method: ______

Special Considerations / Issues Arising at Event: _________________________________

__________________________________________________________________________

Assignment Completed – Date: ______________ Time: __________ CR#: __________

Supervisor: ___________________________ Canine Deputy: ______________