



FOR OFFICE USE

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

### MAYOR'S ANTI-GANG OFFICE SPEAKER REQUEST FORM

**PLEASE NOTE: REQUESTS MUST BE MADE 30 DAYS IN ADVANCE AND WILL ONLY BE CONFIRMED BY THE MAYOR'S ANTI-GANG OFFICE**

Today's date: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact person: \_\_\_\_\_

Organization address: \_\_\_\_\_ Contact person address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time of event: \_\_\_\_\_

Alternative dates (if any): \_\_\_\_\_

Topic of speech: \_\_\_\_\_

Information about audience: \_\_\_\_\_

Time of speech: \_\_\_\_\_ Length of speech: \_\_\_\_\_ Group size: \_\_\_\_\_

Address of event: \_\_\_\_\_

Directions to event from Downtown (include building, floor/room & parking directions)

\_\_\_\_\_

\_\_\_\_\_

Phone number at event location: \_\_\_\_\_

PLEASE RETURN THIS FORM TO:

Mayor's Anti-Gang Office  
P.O. Box 1562  
Houston, Texas 77251

Phone 713-247-1576

FAX: 713-247-1340

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CONFIRMED: \_\_\_\_\_ / \_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_ BIO SENT: \_\_\_\_\_