



# CHP SPECIAL REQUEST FORM

To be completed by Golden Gate Division CHP Staff and returned to MTC SAFE at least two weeks prior to the start date of the requested service

## FAX TO

MTC SAFE, attn: Adrian Fine

510-817-5848

## FROM

Officer Name

Area Office

## SERVICE REQUESTED

Name of event/reason for requested service

Date(s) of requested service

# trucks requested

Contractor #1

Contractor

Beat #

# trucks/type

Contractor #2

Contractor

Beat #

# trucks/type

Service Date

Hours of Operation

## STAFF USE ONLY

Contractor #1

Hrly rate

Total cost  
(Hrly rate x Trks X Hrs)

Contractor #2

Hrly rate

Total cost  
(Hrly rate x Trks X Hrs)

Assists/shift