

## 904th MILITARY POLICE DET

MILITARY POLICE DETACHMENT (MWD)
MISSION REQUEST SHEET



	MIS	SION REQUEST SHEET	No. of the last of	
UNIT / ORGANIZATION:		MISSION LOCATION:		
REQUESTOR :	Last Name, First MI. Rank			
ACTION OFFICER:				
	Last Name, First MI. Rank			
TYPE OF MISSION				
REQUESTED:	EX: Explosive Sweep, LE augmentation	n, Demonstration, Etc.		
DATE:				
OTHER DETAILS.	Date of mission		At minimum: start and end times	
	Size of Building, Number of Vehicles, T			
LINK UP POINT WITH ACTION OFFICER:		LINK UP TIME:		
Send this request form to the following E-mail Address for processing:  usarmy.benning.mp-schl.mbx.904th-mwd@army.mil!  Kennel Master: SFC Vaughn, Cyrus  Duty Cell: (762) 359-4557  ALL REQUESTS NEED TO BE SUBMITTED AT LEAST 2 WEEKS IN ADVANCE				
DATE CONTACT MADE				
MWD BRIEF DATE/TIME				
MWDS AVAILABLE FOR SEARCH				
	HANDLER	MWD	TYPE	



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	MISSION REQUEST MWD HANDLER AAR
UTILIZATION HOURS:	RESPONSES / FINDS:
SAFETY VIOLATIONS:	
IMPROVEMENTS:	
RECOMMENDATION:	
SUSTAINS:	
RECOMMENDATION:	
COMMENTS:	
SUBMITTED BY:	