



POSSE SPONSORSHIP REQUEST FORM

Date: _____

Applicant: _____

SSN# _____

The above named applicant has requested membership into the Community Services Posse.

I have spoken with and accept this individual provided they meet all requirements set forth by the Maricopa County Sheriff's Office.

Should you have any questions or concerns please contact me at: (623) 258-2724.

***Sincerely,
Rex Provenzale
Commander***