

# **Assembly Plan Notification/ Application for Approval of Assembly Plan**

## **Metropolitan Police Department Washington, DC**

Assembly  
Picket

**Mail to:** Metropolitan Police Department  
Special Operations Division  
2400 East Capitol Street, SE  
Washington, DC

**Fax to:** (202) 727-4284



**Date Application Submitted:**

**Date of Event:**

**Purpose:**

**Location:**

**Principal Officer/Person in Charge** (If there is a different person in charge of activities at different locations, each person must be listed):

**Contact Information** (include area codes with phone numbers)

Day Phone Number:

Evening Phone Number:

Cell Phone Number:

Fax Number:

Email Address(es):

**Event Information**

Name of Group:

Estimated Number of Participants:

Assembly Time:

Disbanding Time:

List any special equipment (props, stages, sound equipment, other structures) that will be used in assembly or rally areas (If additional space is needed, please list on a separate sheet):

Any planned civil disobedience: Yes      No

(If yes, please indicate the individual/group, number of participants & locations)

Signature

Date

