

**RAFFLE AUTHORIZATION PERMIT**

Organization Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Beginning Date of Raffle: \_\_\_\_\_ Ending Date of Raffle: \_\_\_\_\_

Item(s) being raffled: \_\_\_\_\_

How will items be raffled: \_\_\_\_\_

How much will raffle tickets cost: \_\_\_\_\_

When will the winners be announced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Organization Representative

\_\_\_\_\_  
Date

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*Approved by the Carroll County Sheriff's Office*

\_\_\_\_\_  
*Sheriff Terry E. Langley*

\_\_\_\_\_  
*Date*