

EVENT SECURITY REQUEST FORM

THIS FORM NEEDS TO BE COMPLETED IN ORDER TO REQUEST PUBLIC SAFETY PERSONNEL FOR A CAMPUS EVENT. THIS FORM MUST BE SUBMITTED AT LEAST 2-WEEKS PRIOR TO THE EVENT.

NAME OF EVENT: _____ DATE OF EVENT: _____

EVENT START TIME: _____ AM PM EVENT END TIME: _____ AM PM

EVENT LOCATION: _____ ANTICIPATED ATTENDANCE: _____

IS EVENT OPEN TO THE ENTIRE CAMPUS? YES NO

IS EVENT OPEN TO THE GENERAL PUBLIC? YES NO

ORGANIZATION NAME: _____

SPONSOR(S): _____

CONTACT NAME: _____ PHONE: _____ EMAIL: _____

FACULTY/STAFF ADVISOR (IF APPLICABLE): _____

REASON FOR SECURITY REQUEST: _____

EXPECTED OFFICER DUTIES AND ANY SPECIFIC REQUESTS OF SECURITY PERSONNEL:

ANY SPECIAL EQUIPMENT NEEDS (I.E. BARRICADES, ETC.): _____

NUMBER OF OFFICERS REQUESTED: _____

OFFICER ARRIVAL TIME: _____ AM PM OFFICER DEPARTURE TIME: _____ AM PM

ACCOUNT # FOR BILLING: _____

- THE COST OF HAVING PUBLIC SAFETY PERSONNEL AT AN EVENT IS THE RESPONSIBILITY OF THE GROUP SPONSORING OR HOSTING THE EVENT.
- COST FOR SECURITY PERSONNEL IS \$20 P/HR. WITH A MINIMUM OF 3 HOURS.
- CANCELLATIONS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE TO AVOID BILLING

THE DIRECTOR OR ASSISTANT DIRECTOR OF PUBLIC SAFETY WILL MAKE FINAL DETERMINATIONS FOR EVENTS REQUIRING SECURITY FOR CAMPUS EVENTS.

OFFICE USE ONLY

Approved: _____

Officer/s Assigned: _____