

SECURITY REQUEST FORM

Event Information:

Sponsoring Organization: _____ Account #: _____

Contact Person: _____ Phone #: _____

Name of Event & Description: _____

Date of Event: _____ Expected Attendance: _____

Event Start Time: _____ Event End Time: _____

Location/Facility: _____

Concert Safety Corps: Concert Safety Corps Start Time: _____

Number of Personnel Requested: _____ Supervisors _____ Associates

NOTE: Social/dance events require: a minimum of five (5) supervisors; a signed dance authorization form and a pre-payment of \$206.00 to confirm security. **Payments to CSC are not refundable after noon on the date two weeks prior to the date of the event.** For all other events, number of personnel will be determined on an event-by-event basis.

Office of Public Safety: Number of Personnel Requested: _____

Start Time Requested: _____ End Time Requested: _____

Organization Representative

Phone: _____ Date: _____

Organization Advisor

Phone: _____ Date: _____

Office of Student Activities Advisor

Phone: _____ Date: _____

Scheduling & Event Services Representative

Date: _____

Security Representative

Date: _____

For Office Use Only (to be completed by Security Representative and returned to OCES immediately after event.)

#Supervisors/Names: _____

#Associates Administrative Fee: _____ yes _____ no

#OPS Officers Total Amount to be Billed to Customer: \$ _____