

# REQUEST FOR POLICE SERVICES

THIS FORM MUST BE COMPLETED AT LEAST 7 DAYS PRIOR TO EVENT

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

TIMES OF EVENT: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALCOHOL INVOLVED: \_\_\_\_\_

EXPECTED NUMBER OF PEOPLE: \_\_\_\_\_

NUMBER OF OFFICERS NEEDED: \_\_\_\_\_

## CONTACT INFORMATION:

ORGANIZATION: \_\_\_\_\_

NAME OF PERSON COMPLETING APPLICATION: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYING BILL: \_\_\_\_\_

THE CHARGE FOR EVENT OFFICERS IS \$25.00 PER HOUR, PER OFFICER, WITH A 3 HR MINIMUM

CANCELLATIONS MUST BE MADE A MINIMUM OF 8 HOURS BEFORE THE EVENT IS SCHEDULED TO  
BEGIN OR YOU WILL BE CHARGED FOR 3 HOURS PER OFFICER SCHEDULED

QUESTIONS OR CONCERNS SHOULD BE DIRECTED TO CORPORAL KENDRICK WRIGHT

FAX: 460-6425      PHONE: 445-9554      E-MAIL: [kwright@usouthal.edu](mailto:kwright@usouthal.edu)