Event Security
Department of Public Safety

Name of Sponsoring Group: __________________________

Title of Event: ___________________________________

Type/Description of Event: __________________________

Location: __________________________ Date: __________

Starting Time: ______________ Ending Time: __________

Estimated Attendance? ______ Admission Charged? ______

Alcohol Served? ______________ Food Served? __________

VIP Present? ______ If so, who? ______________________

Contact Person: __________________________ Phone: __________

Please bring this form to the Department of Public Safety, located in Parking Structure A. Upon arrival, locate Michelle Meyers (in her absence, John Matthews is the contact), and she will sign off on this form. Department of Public Safety will assess the above information and determine if security is needed.

# PSO’s: __________ Times: __________

# CSO’s: __________ Times: __________

Supervisor’s? __________ Times: __________

DPS Signoff: __________________________ Pending? ________