POLICE SERVICES REQUEST





UNIVERSITY POLICE DEPARTMENT

Mail Stop 1231— College Station, Texas 77843-1231— 979-845-8097

SERVICES REQUESTED BY:				
Last Name:	First Name:			M.I.:
Business Mailing Address/Mail Stop:	City:		State:	Zip Code/Mail Stop:
Business Phone:	Cell Phone:	E-N	∕Iail:	
EVENT INFORMATION:				
TAMU Department or Student Group:		Event Name:		
TAMO Department of Student Group.		Lvent Name.		
Type of Fyents		Location of Event:		
Type of Event:		Location of Event.		
Date of Event:		Time event will sta	. .	
Estimated Attendance:	Time event will er			
Contact Person During the Event:	Contact Pers	son Cell Phone:	Contact Per	son E-Mail:
Alcohol Present? (alcohol event will req	·	Yes No		
Will money be collected on site?	Yes No			
Could the Event elicit an emotional resp	onse or be considere	ed controversial?	Yes No	
If outdoors, has an alternate rain site been scheduled and approved? Yes No				
If yes, what is the alternate location?:				
, , , , , , , , , , , , , , , , , , , ,				
Number of Police Officers requested:			Officer Start Tin	ne:
Number of Security Officers requested:			Officer End Tim	e:
PAYMENT INFORMATION:				
Part Number: Accoun	t Number:		SA/Project Num	nber:
AGREEMENT:				
I understand that a cancellation must be made a	t least 24 hours before th	e event. If no cancella	tion is received I, the	undersigned event repre-
sentative, will be held financially responsible for			_	
tions which require additional personnel may res		ie palance is due in ful		invoice.
Event representative signature (do not print):			Date:	