



# Security Coverage Event Form

**NOTE:** This form must be submitted **(in person)** to the University Police Department **14 days prior** to the event start date or the event will be denied.

**When cancelling an event:** You must **cancel 4 days prior** to the event to avoid a cancellation fee.

Type of Event: \_\_\_\_\_

Day and Date of Event: \_\_\_\_\_ Number of Expected Attendees \_\_\_\_\_

Location of Event \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Organization Requesting Security Coverage: \_\_\_\_\_

Contact Person (Representative) \_\_\_\_\_

Contact Numbers Office: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Billing Information: \_\_\_\_\_

Event Requestor Signature: \_\_\_\_\_

**University Police Department Official Only**

Estimated Cost of Security Coverage: \_\_\_\_\_

*\*Note: Cost will be partially based on 1.5 officers per 100 attendees unless history of event or security intelligence information suggests otherwise.*

Approved  Yes  No Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
University Police Department – Official Signature

\_\_\_\_\_  
Date