Police Services Request

Application/Request Form for Police Services Related to Special Events Held on or Around Campus

Services Requested by

Last (Family) Name

First (Given) Name

M.I.

For Office Use Only (Do Not Fill)

Special Event Number

Date Received

Address (street/building name, number, Apt.)

City

State   Zip/Mail Code   e-Mail Address

Cal Student or Employee ID Number

Name of Organization

Affiliation with UC Berkeley
( ) Student   ( ) Faculty/Staff   ( ) Other

Business Phone Number   Home Phone Number   Fax Number

Describe other

Event Information

Event Title

Event Date

Type of Event

Time Ticket Office Will Open

Location

Time Gates Will Open

Security Needs/Concerns

Time Event Will Start — End

Event Contact Name

Event Contact Number

Estimated Attendance

UCB Students   Other   Describe other

Faculty   Staff   Total estimated attendees

Will the event be advertised?   ( ) Yes   ( ) No

If yes, describe type of advertising and frequency

For Office Use Only (Do Not Fill)

Staffing:	Num.	Hours	Rate	Total
Sergeant(s)				
Officer(s)				
Senior Security Guard(s)				
Community Service Officer(s)				
Other 1:				
Other 2:				

On Post Time:

On Post Time Other 1:

On Post Time Other 2:

Metal Detector
( ) Yes   ( ) No

Total Estimated Cost

Payment Information

( ) Campus Department IOC (Account Number):

( ) ASUC Purchase Order Number (Attach Order):

( ) Check (Check Number):   ( ) Other (Describe):

Comments/Notes:

Agreement

I understand that a cancellation must be made at least 24 hours before the event. If no cancellation is received I, the undersigned event representative, will be held financially responsible for paying a three hour minimum charge for every person assigned to work during an event. Situtations which require additional personnel will result in additional costs. The balance is due in full upon receipt of invoice.

Event Representative Signature (do not print)   Date

UCPD Representative Signature (do not print)   Date