## **Event Notification & Security Assessment**



Special Events Bureau

1 Sproul Hall, MC 1199

Berkeley, CA 94720-1199

Tel. (510)643-0795 \* Fax (510)643-8224

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<b>Event Representative</b>				
Last Name	First Name	Date		
Address (street/building name, number, Apt.)	City			
State Zip/Mail Code Email Address				
Business Phone Number Cell Phone Nu	ımber Fax Number			
Name of Organization/Department				
Affiliation with UC Berkeley Student Faculty/Staff Other Describe other				
Event Information				
Event Title	Event Date	e Start Time End Time		
Type of Event  Lecture Dance Concert	Ceremony Other	r		
Describe Other				
Guest Speakers?				
Event Location (if known)				
Does the venue require security? Yes	No Unknown as no ve	enue is reserved		
Will this event be advertised? Yes	No If yes, describe			
Estimated Attendance				
UCB Students Faculty/Staff	Other Tota	al est. attendees		
Will alcohol be served? Yes No				
Will amplified sound be utilized? Yes	No			
Any Security Needs/Concerns?				
If you experience difficulties submi to ucpdspecialevents@berkeley.	tting this PDF directly to UCPD, save the	e document into a file and email it		

UCPD Use Only (Do Not Fill In)	OE Number:	Date Received:		
The Security Assessment of this event indicates the following:				
Event requires security - attached is the UCPD Police Services Cost Estimate				
Event does not require security based on information provided, unless requested				
UCPD Special Events Rep. Name & Badge	e:	Signature:		