

WSSU Police & Public Safety Department

Event Security Request Form

Name of Event: _____

Event Location: _____ Room # (if applicable): _____

Expected Attendance: _____ Has the event venue been reserved via 25Live and approved? _____

Department / Contact / Responsible Person	Department / Organization:			
	Contact Person's Name:			
	Email Address:			
	Phone:		Fax:	

THIS PERSON MUST BE PRESENT FOR THE DURATION OF THE EVENT.

Event Date(s) & Times	Event Beginning Date:		Event Ending Date:	
	Event Beginning Time:		Event Ending Time:	
	Time Doors Open:		Time Police / Security Personnel Arrive:	

Event Type	Athletic Event:		Parade Escort
	Personal Security		Social (Parties, Concerts, Receptions)
	Vehicular / Pedestrian Traffic		Student Activity
	Educational (Seminars, Forums, Speakers, Conferences)		VIP Transportation
	Other:		

Event Details	Sales at Door		Pre-sold Tickets
	Open to Public		DJ
	Student Fundraiser		Alcohol Distribution
	Arm Bands		Other:

Staffing		REQUESTED:	ASSIGNED: <small>(This column to be completed by Campus Police)</small>
	Unarmed Security Personnel Requested:		
	Number of Police Officers Requested:		
	Number of Parking Services Personnel Requested: <small>(Requester is responsible for notifying Parking Services of this need)</small>		

Additional Instructions or Information:

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Request Submitted By: _____ Date Request Submitted: _____

Requests for services must be made 30 days in advance and cancellations must be made at least five (5) business days in advance. If these deadlines are not met, compensation for scheduled officers and security personnel is still subject to payment, up to a minimum of four (4) hours regardless of event duration.

The number of officers required will be determined based on the event nature, location / venue, size / expected attendance, and event history.

I, _____, have read the above guidelines regarding campus events and agree to adhere to these requirements.

PAYMENT:

Contact Information:	Responsible Department / Organization:			
	Invoicing Contact Person's Name:			
	Email Address:			
	Phone:		Fax:	

Payment Information:	Purchase Order #:		Fund Account Number:	
	Acct # (7+ Object Code):		Org Code:	Prog. Code:
	Complete the below section if your organization is outside of WSSU:			
	Have you completed necessary Contractor and W9 forms and sent them to WSSU Finance Administration?		Yes	No

****Note: A Fund or PO number must be submitted before any services are provided. ****
 For further information or quotes, please contact:
WSSUPD Campus Event Coordinator at 336-750-2900.

FOR POLICE DEPARTMENT USE ONLY

Approved by:

Title / Rank & Printed Name: _____

Signature: _____ Date: _____