THE UNIVERSITY OF MEMPHIS
SECURITY REQUEST FORM

Date of Request: ________________  Date Received: ________________

Date of Event: ________________  Location: ________________

Title of Event: ____________________________________________

Nature of Event: ____________________________________________

Number of participants expected: ____________

Is cash protection required? ____________

Number of officers requested: ____________

Special instructions or requirements: ____________________________________________

Officer(s) required from ____________ until ____________.

Department/Activity requesting security: ____________________________

Department expense account number: ____________________________

________________________
Dean, Director, or Department Chairman

Prepare and submit to Director of Public Safety, Zach Curlin Parking Garage. FAX number: 901-678-5498.

Public Safety Use Only

Officer(s) assigned:

________________________   _________________________
________________________   _________________________
________________________   _________________________

Estimate of Cost: ____________
Final cost will depend upon actual hours worked by officers.