THE UNIVERSITY OF MEMPHIS
EVENT 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.