

**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.