



SECURITY REQUEST FOR EVENTS ON CAMPUS

Sponsor: _____

Contact Person: _____

Phone Number: _____ Alt. Phone Number: _____

Mailing Address: _____

Type of Event: _____

Event Location: _____ Date: _____

Starting Time: _____ Ending Time: _____

Estimated Attendance: _____ Alcohol: _____

The individual making this request assumes individual responsibility for the payment in full within thirty (30) days of the event. Estimated date of payment: _____

If the agreeing party misrepresents this event or it's attendance in any way the sponsor will be responsible for any additional security cost.

* I have received a copy of this request form with the estimated costs projected.

Signed: _____ Date: ___/___/___

Witness: _____

This form must be delivered to the CUPD no less than fourteen (14) days prior to the event to schedule the required security. The CUPD requires this event to have _____ officers present for the proper security to cover this event @ \$45.00/hr./officer.

Estimated Security Cost: \$ _____

For questions concerning security and costs, you may contact Captain Brad Rhodes at the CUPD (864)-656-5260 between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

<u>Assigned Officers</u>	<u>Time In</u>	<u>Time Out</u>	<u>Total Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

