### Police Services Request

Application/Request form for Police Services related to Special Events held on or around campus

#### TTUHSC EL PASO DEPARTMENTS ONLY

## Texas Tech University POLICE DEPARTMENT

4800 Alberta El Paso, Texas 79905 Tel. (915) 545-6531 / Fax (915) 545-6989

Services requested by	•		
Last Name	First Name	M.I.	
Business Mailing Address/Mail Stop	City	State Zip Code/Mail Stop	
Business Phone Number	Cell/Home Phone Number	E-Mail Address	
Event Information			
Department or Group	Event Name		
Department of Gloup			
Type of Event	Location of Ever	nt	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
L Date of Event	Time Event Will Start	Time Event Will End	
Estimated Attendance	Time Gates/Doors Will Open	Time Ticket Office Will Open	
Contact Person During the Event	Contact Person Cell Phone Number	Contact Person E-Mail Address	
		11	
Alcohol Present? Will Money Be Collected O		onal Response or Be Considered Controversial?	
Yes No Yes No If Outside, Has an Alternate Rain Site Been Schedul	Yes No led and Approved? If YES, Then Wha	at Is The Alternate Location?	
O Yes O No			
Number of POLICE (	OFFICERS requested? Number of SEC	CURITY OFFICERS requested?	
<u> </u>			
Agreement			
representative, will be held financially responsible	it least 1 business day before the event. If no can le for paying a two hour minimum charge for every additional costs. The balance is due in full upon t	person assigned to work during an event. Situations	
Event Representative Signature (do not print)		Date	
Payment Information	_		
FOAP NUMBER TO BE BILLED	PRINTED FOP MANAGER	R/ALTERNATE NAME	
·			
I understand by signing this document that I am the FOP Manager or the FOP Alternate and herby give the Texas Tech Police Department authorization to withdraw funds from the above FOP to compensate for hours worked by their employees or representatives.			
FOP Manager or Alternate Signature		Date	

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#### NON-TTUHSC DEPARTMENTS

# Texas Tech University POLICE DEPARTMENT

4800 Alberta El Paso, Texas 79905 Tel. (915) 545-6531 / Fax (915) 545-6989

Services requested by			
Last Name	First Name		M.I.
Business Mailing Address/Mail Stop	City		State Zip Code/Mail Stop
Business Phone Number	Cell/Home Phone Numb	er	E-Mail Address
Event Information	-		
Department or Group		Event Name	
Type of Event		Location of Event	
			-
Date of Event	Time Event Will Start	<u>.</u>	Time Event Will End
Estimated Attendance	Time Gates/Doors Will C	Open	Time Ticket Office Will Open
Contact Person During the Event	Contact Person Cell Pho	one Number	Contact Person E-Mail Address
Alcohol Present? Will Money Be Collecte	d On Site? Could The	Event Elicit an Emotion	al Response or Be Considered Controversial?
OYes ONo OYes ONo	O Yes	_	ar response of be Considered Controversial?
If Outside, Has an Alternate Rain Site Been Sche  Yes  No	duled and Approved?	If YES, Then What I	s The Alternate Location?
Number of POLICE OFFICERS requested?		Number of SECU	RITY OFFICERS requested?
Agreement			
I understand that a cancellation must be mad representative, will be held financially respon- which require additional personnel may result	sible for paying a two hour minim	um charge for every p	erson assigned to work during an event. Situations
Event Representative Signature (do not print)			Date
<u> </u>			