

Police Services Request

Application/Request Form for Police Services Related to Special Events Held on or Around Campus



UNIVERSITY OF CALIFORNIA, Berkeley
Police Department

Special Events Bureau
17 Sproul Hall MC 1199
Berkeley, CA 94720-1199
Tel.(510) 643-0795 • Fax (510) 643-8224

Services Requested by

Last (Family) Name First (Given) Name M.I.

Address (street/building name, number, Apt.) City

State Zip/Mail Code e-Mail Address

Name of Organization

Business Phone Number Home Phone Number Fax Number

For Office Use Only (Do Not Fill)

Special Event Number Date Received

Cal Student or Employee ID Number

Affiliation with UC Berkeley
 Student Faculty/Staff Other
 Describe other

Event Information

Event Title

Type of Event

Location

Security Needs/Concerns

Event Date

Time Ticket Office Will Open

Time Gates Will Open

Time Event Will Start

Time Event Will End

Estimated Attendance

UCB Students	Other	Describe other
<input type="text"/>	<input type="text"/>	<input type="text"/>
Faculty	Staff	Total estimated attendees
<input type="text"/>	<input type="text"/>	<input type="text"/>

Will the event be advertised? Yes No
 If yes, describe type of advertising and frequency

For Office Use Only (Do Not Fill)

Staffing:	Num.	Hours	Rate	Total
Sergeant(s)				
Officer(s)				
Senior Security Guard(s)				
Community Service Officer(s)				
Other 1:				
Other 2:				

Payment Information

Campus Department IOC (Account Number):

ASUC Purchase Order Number (Attach Order):

Check (Check Number): Other (Describe):

On Post Time:

On Post Time Other 1:

On Post Time Other 2:

Metal Detector Yes No

Total Estimated Cost

Agreement

I understand that a cancellation must be made at least 24 hours before the event. If no cancellation is received I, the undersigned event representative, will be held financially responsible for paying a three hour minimum charge for every person assigned to work during an event. Situations which require additional personnel will result in additional costs. The balance is due in full upon receipt of invoice.

Event Representative Signature (do not print) Date

Comments/Notes:

UCPD Representative Signature (do not print) Date