## Radford University Police Department Request for Security Services

-THIS SCTION TO BE COMPLETED BY THE REQUESTING ORGANIZATION'S REPRESENTATIVE

EventTitle:				
		Estimated Attendance: Alcohol Sezved? ´ E }		
Date of Event:	Beginning Time: Ending Time:			
Contact Person:				
Mailing Address:				
RU Account Information: Fund:	Oizgetiron:	Account:	Program:	
Brief Description of the Event:				
Event Type: V (µ š I D o Y v Œ š V Œ š Y v Œ š Y v Æ ‰ }•]š]} v  RADFORD UNIVERSITY POLICE OFF APPROVED ORGANIZATIONS. A M NUMBER OF OFFICERS ASSIGNED CIRCUMSTANCES OF THE EVENT, ATTENDANCE AND TRAFFIC CONT THIS SERVICE.	FICERS ARE AVAILABL INIMUM OF TWO (2) UN FOR OTHER EVENTS TO INCLUDE, BUT NOT	E FOR LIMITED SEC NIFORMED OFFICER WILL BE DETERMIN LIMITED TO, THE N	CURITY SERVICES AT RS WILL BE PROVIDED ED BY RUPD ACCORD NATURE OF THE EVEN	FOR SOC DING TO NT, ESTIMA
THE REQUESTING ORGANIZATION  E D/E/DhD K& ï, KhZ^ TO THE START AND REMAIN AT TH COMPLETE CONTROL OF RUPD AN APPLICABLE WORKERS' COMPENS	·,t/2>'> X OFFICERS \ HE EVENT UNTIL THE A ND THEREF(03PRELSPPIO)N	WILL BE ASSIGNED REA IS SECURE. A	TO THE EVENT 30 MI SSIGNED OFFICERS \	NUTES PF WILL BE U
THE RESPONSIBLE PARTY FOR THE PROVIDED BY NOTIFYING THE RUITHE TIME OF THE EVENT. BILLING FOURS PRIOR TO THE TIME OF THE YEARS.	PD COORDINATOR FOR OR THE EVENT MAY O	R SPECIAL E <b>15500<u>7</u>85</b> CCUR IF THE CANC	TATE&ST 48 HOURS PE ELLATION IS RECEIVE	राor Ed Less T
CONTACT PERSON SIGNATURE		DATE		

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-FOR RUPD OFFICE USE ONLY

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Signature of RUPD Coordinator of Special Events

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Date

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