

# University of North Texas Police Services Request

Please fill in all of the information and return the form as an attachment via e-mail to [James.Coffey@unt.edu](mailto:James.Coffey@unt.edu)

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

|              |                      |          |                      |
|--------------|----------------------|----------|----------------------|
| Name         | <input type="text"/> |          |                      |
| Address      | <input type="text"/> |          |                      |
| City         | <input type="text"/> | State    | <input type="text"/> |
|              |                      | Zip Code | <input type="text"/> |
| Phone Number | <input type="text"/> | E-Maill  | <input type="text"/> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| UNT Department or Student Group                                     | <input type="text"/>                               |  | Event Name   | <input type="text"/>   |  |
| Detailed Description of Event                                       | <input type="text"/>                               |  | Location of Event                                  | <input type="text"/>   |  |
|   | Date(s) of Event                                   | <input type="text"/>                     | Time Gates/Doors Will Open                         | <input type="text"/>   |  |
|   | Start Time of Event (AM/PM)                        | <input type="text"/>                     | Are Tickets Being Sold?                            | <input type="radio"/> Yes <input type="radio"/> No                           |  |
|   | End Time of Event (AM/PM)                          | <input type="text"/>                     | How are You Advertising the Event?                 | <input type="text"/>   |  |
| Contact Person During Event   | <input type="text"/>                               | Contact Person Cell Phone                | <input type="text"/>                               | Contact Person E-Mail  | <input type="text"/>                               |
| Alcohol Present?  | <input type="radio"/> Yes <input type="radio"/> No | Will Money be Collected On Site?         | <input type="radio"/> Yes <input type="radio"/> No | Could the Event Elicit an Emotional Response or be Considered Controversial? | <input type="radio"/> Yes <input type="radio"/> No |
| If Yes, please explain  | <input type="text"/>                               | If Yes, please explain                   | <input type="text"/>                               | If Yes, please explain   | <input type="text"/>                               |
| If Outside, Has an Alternate Rain Site Been Scheduled and Approved? | <input type="radio"/> Yes <input type="radio"/> No | If Yes, Where is the Alternate Location? | <input type="text"/>                               |  |  |
| Number of POLICE OFFICERS Requested?                                | <input type="text"/>                               | Number of SECURITY OFFICERS Requested?   | <input type="text"/>                               |  |  |

|                |                      |
|----------------|----------------------|
| Account Number | <input type="text"/> |
|----------------|----------------------|

I understand that a cancellation must be made at least 48 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 may result in additional costs. The balance is due in full upon receipt of the invoice.  **I have read and agree to these terms.**

|      |                      |      |                      |
|------|----------------------|------|----------------------|
| Name | <input type="text"/> | Date | <input type="text"/> |
|------|----------------------|------|----------------------|