



The University of West Indies, Mona Campus
 Office of the Director of Security
 Tel#: 970-6698/970-6700/Ext. 3700/3698, Fax#: 927-1220
 Email: security.director@uwimona.edu.jm

**FOR MONA CAMPUS
 ENTITIES
 ONLY**

Police /Security Services Request Form

Application for Police Security Services related to Special Events held on or around the Campus should be routed through The Office of the Director of Security at least 2 weeks prior to the event.

1 Last Name	First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Faculty/Department/Other Unit		
<input type="text"/>		
3 Phone Number	4 Cell Phone Number	5. Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Event Information

6 Organizing Group	7 Name of Event	
<input type="text"/>	<input type="text"/>	
8 Contact Person During Event	9 Cell Phone Number	10 E-mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Type of Event	12. Site of Event	
<input type="text"/>	<input type="text"/>	
13 Date of Event	14. Scheduled start time	15. Scheduled end time
<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Estimated Attendance	17 Duration that security will be required.	
<input type="text"/>	<input type="text"/>	

18 Is it likely that alcohol may be consumed?	19 Will Cash be collected on Site?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

20 If outside, has an alternate location been identified and approved?	21. If YES, please state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

AGREEMENT

22 *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 three hour minimum charge for every person assigned to work during an event. Situations which require additional personnel may result in additional cost. The balance is due in full upon receipt of the invoice.*

23 Signature	24 Date
<input type="text"/>	<input type="text"/>

For internal use only

25	Number of Police Officers Recommended	26. Number of Security Officers Recommended	27. Number of Campus Police Officers Recommended
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Estimate Cost:	Estimated Cost:	Estimated Cost:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
28	Approved by:	29	Date:
	<input type="text"/>		<input type="text"/>

30 **PAYMENT - All payments must be made prior to the event**

Please find attached rate sheet.