

REQUEST FOR SECURITY

TO: Assistant Superintendent – Business

FROM: _____ SCHOOL: _____

DATE: _____

Type of Event: _____

Date of Event: _____

Person in Charge of Event: _____

Time: From: _____ To: _____

Location: _____

Approximate Number of Persons Expected to Attend: _____

Reason for Security: _____

Any Special Instructions: _____

Note: Request should be submitted 2 weeks prior to event.