

**George Mason University Police Department**  
Request for Security Services

Event: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Staff Needed: \_\_\_\_\_

Banner Org #/ Account Code to be charged \_\_\_\_\_

Name of Organization Representative: \_\_\_\_\_

Signature of Approving Official: \_\_\_\_\_

Printed Name of Approving Official: \_\_\_\_\_

Event Point of Contact(EPOC): \_\_\_\_\_

EPOC Phone Number: \_\_\_\_\_