

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: _____