



# Department of Safety and Security

4650 West Sweetwater Ave.  
Glendale, AZ 85304  
602-347-2859

## Request for Services

### Event Information

Requested By: \_\_\_\_\_

Location: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Event \_\_\_\_\_

#### Type of Event:

- ☐ Sports / Game      ☐ Dance / School Event      ☐ Open/Close Campus      ☐ Meeting/Training  
☐ Other (please the list in description below)

Grade Level(s) (if applicable) \_\_\_\_\_

Date of Event	Event Start Time	Event End Time	Number of Attendees	DSO Arrival Time	DSO Departure Time

**REQUIRED:** Description of Services/Duties In Detail:

**PLEASE SEND YOUR REQUEST TWO WEEKS PRIOR TO  
YOUR EVENT TO:**

WESD Security Request [WESDSecurityRequest@wesdschools.org](mailto:WESDSecurityRequest@wesdschools.org)