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| **\\do-fps\work\Public_Safety\Forms\SafetySecurityBadgeFinalLogo_OL.fw.pngDepartment of** **Safety and Security**  |  4650 West Sweetwater Ave.Glendale, AZ 85304602-347-2859 |

# Request for Services

## Event Information

|  |  |
| --- | --- |
| **Requested By:** |  |
| **Location:** |  |
| **Today’s Date:** |  |

|  |
| --- |
| **Type of Event:** |
|  |[ ]  Sports / Game |[ ]  Dance / School Event |[ ]  Open/Close Campus |[ ]  Meeting |
|  |[ ]  Other (please list in description below) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Event** | **Event Start Time** | **Event End Time** | **Number of Attendees** |  | DSO Arrival Time | DSO Departure Time |
|  |  |  |  |  |  |  |

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| --- |
| **Description of Duties:** |

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| **PLEASE SEND YOUR REQUEST TWO WEEKS PRIOR TO YOUR EVENT TO:****WESD Security Request** [**WESDSecurityRequest@wesdschools.org**](WESDSecurityRequest%40wesdschools.org) |