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| **\\do-fps\work\Public_Safety\Forms\SafetySecurityBadgeFinalLogo_OL.fw.pngDepartment 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:** |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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@wesdschools.org) |