

**Special Security Services Request Form  
Lafayette College Public Safety**

Request Date: \_\_\_\_\_ (Requests should be submitted 10 days prior to event)

Department Making Request: _____ Phone: _____ Individual or Group Making Request: _____
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Event Date: _____ Event Type: _____ Number of Officers Requested: _____ Event Location: _____ Time Officer(s) needed - Start: _____ End: _____ (4 hour min charge) Individual in Charge of Event: _____ <u>Special Instructions:</u>      
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**Charge Account Number:**

Fund (6 digits) \_\_\_\_\_ Org (5 digits) \_\_\_\_\_ Acct (6 digits) \_\_\_\_\_ Program (2 digits) \_\_\_\_\_

**Do not write below this line – Administrative use only.**

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Type of Officer Assigned:      PS      EPD      FPD      Contracted-SF      Contracted-B      Other

<u>Officer</u>	<u>Hours Worked</u>	<u>Rate</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Grand Total			_____

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