

Police Services Request

Application/Request Form for Police Services Related to Special Events Held on or Around Campus

UCI Police Department

150 Public Services Building
Irvine, CA 92697-4900
Main (949) 824-5223 • Fax (949) 824-0150
ucipdspecialevents@uci.edu

Services Requested By

Last Name	First Name	M.I.	For Office Use Only	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Special Event Number	Date Received
Name of Organization			<input type="text"/>	<input type="text"/>
Address (street/building name, number, apt.)			UCI Student or Employee ID Number	
<input type="text"/>			<input type="text"/>	
State	Zip/Mail Code	E-mail Address	Affiliation with UCI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Student <input type="radio"/> Faculty/Staff <input type="radio"/> Other	
Business Phone Number	Cell Phone Number	Fax Number	Describe Other	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Event Information

Event Title	Event Date(s)
<input type="text"/>	<input type="text"/>
Type of Event	Time Event Will Start
<input type="text"/>	<input type="text"/>
Location	Time Event Will End
<input type="text"/>	<input type="text"/>
Security Needs/Concerns	
<input type="text"/>	
Event Contact Name	Event Contact Phone Number
<input type="text"/>	<input type="text"/>
Estimated Attendance UCI Students Other Describe Other <input type="text"/> <input type="text"/> <input type="text"/> Faculty Staff Total Estimated Attendees <input type="text"/> <input type="text"/> <input type="text"/>	
Will alcoholic beverages be served? <input type="radio"/> Yes <input type="radio"/> No Will the event be advertised? <input type="radio"/> Yes <input type="radio"/> No If yes, describe the type of advertising and frequency <input type="text"/>	

For Office Use Only				
Staffing:	Num.	Hours	Rate	Total
Sergeant(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Officer(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Service Officers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total				<input type="text"/>
KFS Document #: <input type="text"/>				
Date: <input type="text"/>				
Comments/Notes: <input type="text"/>				

Billing Information

<input type="radio"/> Campus KFS Number	Project Code
<input type="text"/>	<input type="text"/>
<input type="radio"/> Invoice	<input type="radio"/> Other
<input type="text"/>	<input type="text"/>
Billing Contact	
<input type="text"/>	
E-mail Address	
<input type="text"/>	
Phone Number	
<input type="text"/>	

Agreement

I understand that a cancellation must be made at least 48 hours before the event. If no cancellation is received, I the undersigned representative, will be held financially responsible for paying a three hour minimum charge for every person assigned to work during an event. Situations which require additional personnel will result in additional costs.

Event Representative e-Signature	Date
<input type="text"/>	<input type="text"/>