

**Security Department Special Event Service(s) Request**

Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Event: \_\_\_\_\_

Location to be held: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Event date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Hours of event: \_\_\_\_\_ # of anticipated attendees: \_\_\_\_\_

*(Check all that pertain)* HACC community: \_\_ Student \_\_ Alumni \_\_ Outside community: \_\_

Is alcohol being served: YES / NO What type: Beer \_\_ Wine \_\_ Hard liquor \_\_

Are trained servers being utilized: Yes / No Time of service: \_\_\_\_\_

***(Officer coverage will be determined based on location, approximate number of attendees and special circumstances)***

P.O.C Signature: \_\_\_\_\_

**Account # to be billed for services:** \_\_\_\_\_

**Safety & Security Received**

Dept Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost Calculations *(Safety & Security Department Use Only)***

*One Officer per 200 attendees X Median cost rate X # of hours = Cost for services*

**\$25.00 hr** X \_\_\_\_\_ Hours X \_\_\_\_\_ # Officers = \_\_\_\_\_ Event Cost

Event Cost \_\_\_\_\_ + \$20.00 Vehicle Service Fee = **Total Event Cost**

***To be billed to above account # or outside entity. Payment due to Safety & Security Department within 4 working days of services rendered.***

Copy returned to P.O.C. with cost estimate for event on \_\_\_\_\_ by \_\_\_\_\_.

**Contract Acceptance**

Organizer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Security Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy to (as applicable):** Harrisburg Facilities and Operations  
Harrisburg Student Affairs