



UNIVERSITY OF HOUSTON DOWNTOWN

Request for Police / Security Service

DATE OF ASSIGNMENT		EVENT TITLE					
EVENT LOCATION		START TIME			END TIME		
			AM	PM		AM	PM
EVENT CONTACT PERSON		OFFICE PHONE			CELL OR ALTERNATIVE		
			AND				
UHD ACCOUNT NUMBER		AUTHORIZED SIGNATURE ON ACCOUNT				PHONE EXT.	
ESTIMATED ATTENDANCE		TYPE OF EVENT					

CURRENT DATE: _____

PREPARED BY: _____

***A fully executed Service Center Requisition (SCR)
Is required upon submission of this form***

For Office Use Only:

<input type="checkbox"/> Community Relations & Conferences <input type="checkbox"/> Police Department
