

FOR OFFICE USE ONLY

Received:	Date:
Police Approval:	Date:

Review Comments:



SECURITY PLAN APPROVAL REQUEST FORM

St. George Police Department

All questions must be answered completely or application will not be considered. Please allow TEN (10) days for approval. (Together with this application please provide a written security plan, include names of all security personnel.)

PLEASE PRINT:

EVENT NAME: _____

Event Location: _____

Type of Event: _____

Date of Event: _____

Hours of Event: _____

Number of Expected Attendance: _____

Occupancy Load: _____

Name of Applicant: _____

Address: _____

State: _____

Zip: _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

- **Security Personnel must be 21 years old or older.**
- **A Security Director must be onsite at all times with a cell phone.**
- **Shirts or Vests must look to same. "SECURITY" must be stated on the shirt or vest so it is visible to the public and the Police Department.**

Please Check Applicable Security. *(The following will allow for the calculation of security required. The calculations will change depending on the type of event.)*

<input type="checkbox"/> Police Officers	2 Police Officers <i>per</i>	1 to 300 People
<input type="checkbox"/> Security Officers in Uniform	3 Security Officers <i>per</i>	1 to 300 People
<input type="checkbox"/> Private Citizens in Security Shirts or Vests	4 Private Citizens <i>per</i>	1 to 300 People

Name of Security Contact: _____

Cell Number: _____

Comments:

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of the Special Event Permit. I also understand that the Police Department may require additional information as permitted by Ordinance, and also agree to supply the same.

APPLICANTS SIGNATURE: _____ **DATE:** _____

**DETAILED WRITTEN SECURITY PLAN
- INCLUDE NAMES OF ALL SECURITY PERSONNEL -**