



SPECIAL EVENTS APPROVAL FORM
GEORGIA STATE UNIVERSITY POLICE DEPARTMENT
OFFICE (404) 413-3272 / FAX (404) 413-3231

EXTERNAL

Date of Event: _____ Estimated Attendance: _____

Title of Event: _____

Type of Event: _____

Location: _____

Officers Report Time: _____ Officers Ending Time: _____

Requestor's Name: _____

Billing Address: _____

E-Mail Address: _____

Company Name: _____

Telephone #: _____

Fax #: _____

*****NOTE*****

The requestor must complete this form before officer(s) are assigned to the event. This form must be submitted a minimum of 10 business days prior to the event.

A 30 day notice is required for all Lane/Street Closures.

I understand that by my signature below, I am responsible for payment of the above listed event, at a rate of \$45.00 an hour, per officer, and \$50.00 per hour, per supervisor, for a minimum of 4 hours each. All payments are due upon receipt of INVOICE.

Requestor's Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Number of Police Officers: _____ Number of Police Supervisors: _____

Number of Officer Hours: _____ Number of Supervisor Hours: _____ Total Cost: _____

Approved: _____ Date: _____

Assigned Officer(s)/Supervisor(s): _____