



DEPARTMENT OF PUBLIC SAFETY

College Event Coverage Request

Name of Activity: _____

Date(s) of Activity: _____

Person(s) requesting support of Activity: _____

Department & Contact Information: _____

Person(s) to be billed for Support of Activity: _____

Request is for Traffic Control

Request for support other than traffic control

Traffic Control Post Assignments

Agency & Hourly Rate

Post Location #1: _____

AlliedBarton \$22.00 DPS \$36.50 LCBP \$32.50

Start Time _____

End Time _____

Number of Officers _____

Details of assigned task:

Post Location #2: _____

AlliedBarton \$22.00 DPS \$36.50 LCBP \$32.50

Start Time _____

End Time _____

Number of Officers _____

Details of assigned task:

Post Location #3: _____

AlliedBarton \$22.00 DPS \$36.50 LCBP \$32.50

Start Time _____

End Time _____

Number of Officers _____

Details of assigned task:

Post Location #4 _____ AlliedBarton \$22.00 DPS \$36.50 LCBP \$32.50
Start Time _____
End Time _____
Number of Officers _____

Details of assigned task:

Post Location #5 _____ AlliedBarton \$22.00 DPS \$36.50 LCBP \$32.50
Start Time _____
End Time _____
Number of Officers _____

Details of assigned task:

Post Location #6 _____ AlliedBarton \$22.00 DPS \$36.50 LCBP \$32.50
Start Time _____
End Time _____
Number of Officers _____

Details of assigned task:

Post Location #7 _____ AlliedBarton \$22.00 DPS \$36.50 LCBP \$32.50
Start Time _____
End Time _____
Number of Officers _____

Details of assigned task:

Signature of Event Sponsor Date

Signature of Dept. Account Manager Date

Signature of Public Safety Coordinator Date