



SPECIAL EVENTS APPROVAL FORM
GEORGIA STATE UNIVERSITY POLICE DEPARTMENT
OFFICE (404) 413-3213 / FAX (404) 413-3231

INTERNAL

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: _____

Speed Chart #: _____

Account Code: _____

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 \$35.00 an hour, per officer, at a minimum of 4 hours. All payments are due upon receipt of INVOICE or no later than 30 days of INVOICE.

Requestor's Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Number of Police Officers: _____ Number of Hours: _____

Cost of Officers per Hour: _____ Total Cost: _____

Approved: _____ Date: _____