



PILOT POINT POLICE DEPARTMENT

SECURITY REQUEST FORM

Name of Meeting Building: _____

Address of building: _____

Date of Request: _____

Name of Organization: _____ Non-Profit?: _____

Person Requesting Reservation: _____

Address: _____

Telephone: _____ Relationship to Organization: _____

Date(s) of Meeting: _____ Times of Meeting: _____

Type of Meeting: _____

Number of People Expected to Attend: _____

Number of Teens Expected to Attend: _____

POLICE DEPARTMENT APPROVAL ONLY

How many Security personnel needed: _____ Amount Due: \$ _____

Name of who took request/completed: _____

Signature of department official: _____

Approver Signature: _____

Date Approved: _____/_____/_____

Payment received: \$ _____ Date Received: _____

100 E. Main St.
Pilot Point, TX 76258
Office 940-686-2969 Fax 940-686-5189