Event Request Form



Event Name:	Start Date:
End Date:	Arrival Time:
Address:	
Service Times:	
# of Guests/ Event Size:	
How many security specialists are you requesting?:	
*** SPA will revise your request,	depending on number of guests and facility size
Please Briefly Describe your event	
Potiential Security Risk you are awar	e of
Are you requesting armed or unarme	
person?	vices requested such as driving and escorting of a high-profile
***All large events require a wal Please advise the point of contact	lk through to properly assess how to secure your event. t and contact information to schedule a walk through.
Name:	Phone: