

Security Service Agreement

Sponsoring Organization: _____

Address: _____

Organizational Representative: _____ Phone Number: _____

Event Name: _____

Date: _____ Time: _____

Place: _____ Estimated Attendance: _____

Alcohol is being allowed at the activity: Yes _____ No _____

Security Agreements:

Agency used: (check all that apply)

_____ Tarleton Police Department Contact Person: _____

_____ Stephenville Police Department Address: _____

_____ Erath County Sheriff's Department Phone Number: _____

_____ Number of Officers Hired: _____ Rate per hour _____

Officer(s) Should Report to (person's name): _____

Time & Place Officer(s) Should Report: _____

Describe the duties Officer(s) should perform during the event: _____

Method of Payment:

Payment should be in the form of: _____ cash _____ check _____ money order

Payment should be disbursed to: _____ officers _____ agency office

Payment is due by: _____

Amount due: _____ (number of officers x cost per hour x number of hours worked)

The undersigned agree that all the information contained in this agreement is correct. Any changes should be reported immediately to the other party and to the Office of Student Activities at 968-9256.

Organization Representative

Security Representative

Signature

Signature

Date

Date