Request for Event Assistance  
Salem Public Safety

Date of event: _______________ Event contact person: ________________________ Phone: _______________

Location of event: ______________________ Name of the event: ______________________

Time event is scheduled to start: _______________ Time event is scheduled to end: _______________
*If officers are needed prior to event indicate specific time before/after that they are needed.

Number of officers requested: ______________________________________________________

How many spaces will be required for reserved spaces? __________________________________

How many “special needs/handicapped access” spaces are required ______________________

Are there any special needs that you would like to request regarding the service needed for this event? (For example: Are officers presence needed the entire time?)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Shuttle/transport of any guests required? If so, please specify request:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Requesting Organization name: ______________________________________________________

Printed name of person making request: ________________________

Signature of person requesting: ________________________

The following information is important to keep in mind when requesting parking services:
1. Please submit all requests in writing on this form to the Public Safety Office.
2. Public Safety requires at least 72 hours notice to schedule/reserve parking for an event.

This section for Public Safety Staff use only

Requested number of officers __________

Name of officer: _________________________ Location of post/time _______________________

Name of officer: _________________________ Location of post/time _______________________

Name of officer: _________________________ Location of post/time _______________________ 

Name of officer: _________________________ Location of post/time _______________________

Event Supervisor Signature: ________________ Date __________________