



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 _____