Memorandum **ASR#\_\_\_\_\_\_\_**

 **Sector**\_\_\_\_\_\_\_

**TO: Captain Ralph McLean, Acting Associate Director**

 **DGS, Protective Services Division**

**FROM:**

**DATE:**

**SUBJECT:** Request for Security Detail

 [ ]  **NEW** [ ] **REVISE** [ ] **CANCELLATION**

 ☐**LONG TERM** [ ] **TEMPORARY** [ ] **PERMANENT**

|  |  |
| --- | --- |
| ***Required Information*** |  |
| ***Name of Authorizing Authority:*** |  |
| ***Requestor’s Agency or Organization:*** |  |
| ***Onsite Supervisor Name:*** |  |
| ***Onsite Supervisor Contact information:*** |  |
| ***Date of Commencement:*** |  |
| ***Location (Address) & Post (ie – Main entrance, Lobby, Rear entrance) :*** |  |
| ***Concerns, risks at the site******(section must be completed)***  |  |
| ***Estimated crowd/attendance:*** |  |
| ***Hours – Start Time AM/PM*** ***End Time AM/PM:*** |  |
| ***Hours of Requested Security Coverage:*** |  |
| ***Number and type of Security Staff Requested(ASPO, SPO or SO):*** |  |
| ***Scope of Duties Expected:*** |  |

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PSDASR PSD Representative