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|  | DEPARTMENT GENERAL SERVICEProtective Services Division  | **DCflag#2** |

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PSD-REQUEST for MEMORANDUM

**TO: Anthony Fortune,** Acting Associate Director

 DGS, Protective Services Division

**FROM:**

**AUTHORIZED REQUESTOR SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBJECT: Request for Security Detail**

 ☐**NEW** ☐**REVISE** ☐**CANCELLATION** ☐**PERMANENT**

 ☐**LONG TERM** ☐**TEMPORARY**

|  |  |
| --- | --- |
| ***Required Information*** |  |
| ***Name of Authorizing Authority:*** |  |
| ***Requestor’s Agency or Organization:*** |  |
| ***Onsite Supervisor Name:*** |  |
| ***Onsite Supervisor Contact information:*** |  |
| ***Date of Commencement:*** |  |
| ***New Hours of Operation:*** |  |
| ***Location :*** |  |
| ***Reason for security or new post :*** |  |
| ***Concerns, risks at the site******(section must be completed)***  |  |
| ***Hours site is operational :*** |  |
| ***Approximate staffing at facility*** |  |
| ***Hours of Requested Security Coverage:*** |  |
| ***Number and type of Security Staff Requested:*** |  |
| ***Date and time to meet at site to discuss activities (must be at least seven (5) days prior to requested date (s)***  |  |
| ***Scope of Duties Expected:*** |  |
|  |  |

Paul M. Abrahams Martins Collins

Supervisory Contract Compliance Monitor Captain