Private Party Security Needs Assessment Form

Organizer Name	
Contact Information	
Event Date	
Event Time	
Event Location	
Event Type	
Expected Number of Attendees	
Will there be a guest list?	▼
Are there any specific security concerns?	<u> </u>
Any history of incidents at previous events?	
Will alcohol be served?	
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Will there be VIP or high-profile attendees?	\
Any additional security requests or preferences?	