



Security Control Number _____

City of Albuquerque Metro Security Division Special Assignment Request Form

Form is to be completed by the Department or Requestors of security services provided by the City of Albuquerque, Metro Security Division.

Requesting Department/Entity: _____

Date(s) of event: _____ Time(s) of event*: _____

**Security personnel will be scheduled 30 minutes before and 30 minutes after event times.*

Number of Requested Officers: _____

Event Location: _____

Event Details – Please explain reason for request including full scope of expectations:

Event Contact
(Name/Number): _____

Event Funding
Funding Stream _____
Journal Voucher _____

If Funding Stream is selected, provide funding account number: _____

Event Requestor Approval

Department Director/Designee Signature: _____

Date of Request: _____



Security Record Number

Metro Security Division Approval

Deputy
Director: _____/Date: _____

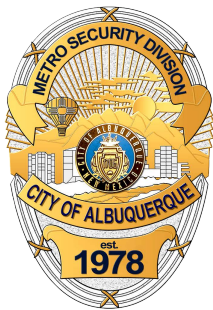
Security
Manager: _____/Date: _____

If approved, the requested security officers will be assigned. Each officer will arrive in a City response vehicle equipped with emergency lighting. For each assignment requiring three (3) or more officers, a Security Supervisor will be assigned at additional cost. Cost will be calculated at one and one half (1.5) of the officer's actual hourly rate of pay.

Date Requester Notified: _____

Date Request Filled: _____

Please submit special assignment requests at least two weeks prior.



City of Albuquerque Metro Security Division