



CITY OF BALTIMORE

CITY-OWNED/OPERATED FACILITIES PROTECTION PROGRAM REQUEST FOR SECURITY SERVICES

INSTRUCTIONS:

1. USE TYPEWRITER.
2. RETAIN "AGENCY INITIAL COPY" FOR FILES.

3. SUBMIT REMAINING COPIES TO:
BALTIMORE CITY POLICE HEADQUARTERS
601 E. FAYETTE STREET
ATTN: CITY-OWNED/OPERATED FACILITIES ADMINISTRATOR

AGENCY NAME		BUDGET ACCOUNT NO.	
AGENCY ADDRESS		AGENCY'S CONTACT PERSON	
		CONTACT PERSON'S PHONE NO.	
LOCATION WHERE SECURITY NEEDED			
REQUESTED START DATE OF SECURITY SERVICES		REQUESTED STOP DATE OF SECURITY SERVICES	
DESCRIPTION OF SECURITY SERVICES TO BE PERFORMED:			
TYPE OF COVERAGE DESIRED		<input type="checkbox"/> CITY PROTECTION OFFICERS (OFF-DUTY POLICE OFFICERS) / <input type="checkbox"/> PRIVATE SECURITY GUARDS	
AGENCY HEAD TYPED NAME	AGENCY HEAD SIGNATURE	DATE	
AGENCY — DO NOT WRITE BELOW THIS LINE			
ADMINISTRATOR		COMMITTEE	
DATE REQUEST RECEIVED	DATE SENT TO COMMITTEE	REQUEST IS	<input type="checkbox"/> APPROVED AS REQUESTED <input type="checkbox"/> APPROVED WITH MODIFICATIONS <input type="checkbox"/> DISAPPROVED
COMMENTS:		COMMENTS/MODIFICATIONS:	
SECURITY REQUIREMENTS REPORT ATTACHED		<input type="checkbox"/> YES / <input type="checkbox"/> NO	
ADMINISTRATOR SIGNATURE	DATE	COMMITTEE CHAIRPERSON SIGNATURE	DATE