

## **OUTDOOR VENUES**

Fish Plaza ◆ Jones Plaza

## **EVENT SECURITY PLAN**

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Event Contact:		Title:						
Name of Event:								
Event Date(s):								
Start Time(s):		End Time(s):						
Venue(s):								
Type of Event:			☐ Adult ☐ Youth					
Estimated Attendance:		Will Alcohol be Served?	☐ Yes ☐ No					
Company:								
Contact:		Title:						
Office Phone:		Mobile Phone:						
SECURITY SCHEDULE:	Number	Time Schedu	uled					
Crowd Control		From:	until:					
Traffic Control (if needed)			until:					
Other			until:					
Total								
Consider Danis contactive			- Dete	_				
Security Representative			Date					
TO BE COMPLETED BY HPD	SPECIAL OPER	ATIONS						
The above information has been reviewe	d by:							
HPD Special Operations Officer			 Date	_				

Please complete and return to: