
CHICAGO POLICE DEPARTMENT
EVENT NOTIFICATION FORM
HEADQUARTERS SECURITY

REQUESTING UNIT: _____

CONTACT PERSON: _____ PAX/BELL _____

DATE(S) REQUESTED: _____

HOUR(S) OF EVENT: _____

ROOM(S) UTILIZED FOR EVENT: _____

TYPE OF EVENT (MEETING, TRAINING ETC.) _____

APPROXIMATE ATTENDANCE: _____

RESERVED PARKING REQUESTED: YES NO

NUMBER OF PARKING SPACES REQUESTED: _____

NAME OF GUEST(S): _____

SPECIAL REQUESTS: _____

PLEASE FAX ALL NOTIFICATIONS TO HQ
SECURITY: 5-6981