

Eagle Eye Protection Services

Security Services Information Form

1. Type of event:
2. Service address:
3. Contact name and phone number:
4. Email:
5. Alt Name and Phone number:

SCOPE OF SERVICES

Type of Security services needed: Armed Officer Unarmed Officer

1. How Many Armed: _____
2. How many Unarmed: _____

Start Date

End Date (If unknown put OPEN)

• _____ • _____

Hours Needed: _____

Description of services needed: