



# PACIFIC COUNTY SHERIFF'S OFFICE

## *Sheriff DANIEL C. GARCIA*

300 Memorial Drive, P.O. Box 27, South Bend, WA 98586 | Phone 360.875.9395 | Fax 360.875.9393

### EVENT SECURITY REQUEST FORM

Please submit this form **at least 30 days prior** to the event date for scheduling purposes.

Direct all correspondence to Sgt. Zimmerman & Sgt. Pettit

Email: [nzimmerman@co.pacific.wa.us](mailto:nzimmerman@co.pacific.wa.us) / [kpettit@co.pacific.wa.us](mailto:kpettit@co.pacific.wa.us) Phone: 360-875-9395

Type of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: . \_\_\_\_\_

Will alcohol be served:      YES              NO      What time will service begin: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last, First, Middle

Address: \_\_\_\_\_  
Street, City, State, Zip

Mailing Address: \_\_\_\_\_  
Street, City, State, Zip

Contact: \_\_\_\_\_  
Cell Phone                      Home Phone                      Email

I agree to contact Sgt. Zimmerman or Sgt. Pettit should my event be canceled for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Four (4) Hour - Two (2) Deputy minimum @ \$50 per hour, per deputy = \$400 minimum**

## Event Security Fee Schedule Worksheet

4 Hour Minimum		\$200
Hour 5	\$35	_____
Hour 6	\$35	_____
Hour 7	\$35	_____
Hour 8	\$35	_____
Hour 8+	\$50 per hour	_____
		_____
		TOTAL

2 Deputy Minimum = TOTAL x 2 = \_\_\_\_\_