



UNIVERSITY OF WISCONSIN-MILWAUKEE POLICE DEPARTMENT REQUEST FOR SERVICE FORM

Please fill out completely and either fax (414-229-4918) or drop off in person at:
3410 N. Maryland Ave.

Requestor's Name: _____

UW-Milwaukee Affiliation: _____

Requestor's Department: _____

Requestor's Address: _____

Requestor's Phone Number: _____

Type of Event: _____

Date and Time of Event: _____

Location of Event: _____

Duration of Event: _____

Approx. Number of Attendees: _____

Charging Admission YES NO Circle One Price of Admission _____

Is Alcohol Being Served YES NO Circle One

Number of Officers Requesting: _____

Equipment Needed (i.e. Alcohol Awareness, Police Panther, AED) _____

UWM Police Department Use ONLY

Officer(s) Assigned _____

OT Needed YES NO Circle One

Approved By: _____