



UNIVERSITY OF CONNECTICUT POLICE DEPARTMENT

Pre-Event Request Form



1. TODAY'S DATE: _____
2. REQUESTING DEPT/COMPANY/ORGANIZATION: _____
3. CONTACT NAME: _____
4. DATE OF ASSIGNMENT: _____ START TIME: _____ END TIME: _____
5. NUMBER OF OFFICERS REQUESTED: _____
6. LOCATION OF ASSIGNMENT: _____
7. TYPE OF EVENT (Construction, Special Event, etc.): _____

- If construction, is the assignment associated with a UConn Capital Project?
- If yes, name of UConn Project Manager: _____

8. SPECIAL CONSIDERATIONS (select dropdown):

- ROAD CLOSURE:
- LANE CLOSURE:
- SIDEWALK CLOSURE:

9. BILLING DEPARTMENT (if different from above): _____

DEPARTMENT KFS#: _____

IF NOT USING KFS #, BILLING ADDRESS:

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY CITY/STATE: _____

CONTACT NAME: _____ PHONE #: _____

**Please email completed form to Tammi DiManno (tammi.dimanno@uconn.edu)
And Chris Casa (chris.casa@uconn.edu)**

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(FOR OFFICE USE ONLY)

BILLABLE HOURS:

DATE: _____ #OF HOURS: _____ Storrs/Regional Campus: _____

DATE: _____ #OF HOURS: _____ Storrs/Regional Campus: _____

DATE: _____ #OF HOURS: _____ Storrs/Regional Campus: _____