

# MAYOR'S OFFICE OF SPECIAL EVENTS SECURITY CONTROL PLAN

THE EVENT PRODUCER / ORGANIZATION MUST COMPLETE **SECTION I** AND SIGN WHERE INDICATED. THE INDIVIDUAL IN CHARGE OF SECURITY FOR THE EVENT IS TO COMPLETE AND SIGN **SECTION II**.

**WHEN BOTH SECTION I AND SECTION II HAVE BEEN COMPLETED AND SIGNED, THIS FORM MUST BE RETURNED YOUR ASSIGNED EVENT COORDINATOR VIA EMAIL OR BY MAILING TO THE ADDRESS BELOW:**

**CITY OF HOUSTON  
MAYOR'S OFFICE OF SPECIAL EVENTS  
901 BAGBY, 1ST FLR.  
HOUSTON, TEXAS 77002**

**SECTION I**

EVENT REPRESENTATIVE: \_\_\_\_\_  
 NAME OF EVENT: \_\_\_\_\_  
 EVENT DAY/DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
 STREET CLOSURE DAY(S)/DATES(S): \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 TYPE OF EVENT (I.E., FESTIVAL, FUN RUN, OUTDOOR MUSIC EVENT): \_\_\_\_\_  
 ESTIMATED ATTENDANCE: \_\_\_\_\_ IS ALCOHOL SERVED? \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PERMITTEE** **DATE**

**SECTION II**

NAME OF SECURITY ORGANIZATION: \_\_\_\_\_  
 SECURITY COORDINATOR: \_\_\_\_\_ RANK: \_\_\_\_\_  
 WORK PHONE #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**BREAKDOWN OF PERSONNEL ASSIGNMENTS**

RESPONSIBILITY	NO. OF NON-COMMISSIONED SECURITY GUARDS (UNARMED)	NO. OF COMMISSIONED SECURITY GUARDS (ARMED)	NO. OF CERTIFIED PEACE OFFICERS	TIME SCHEDULED: ON DUTY / OFF DUTY
1. Crowd Control				
2. Traffic Control				
3. Other				
Total				

\_\_\_\_\_  
**SIGNATURE OF SECURITY COORDINATOR** **DATE**

**NOTE: SECURITY PERSONNEL WORKING THIS EVENT MUST BE LAWFULLY AUTHORIZED AND PERSONALLY WILLING TO ENFORCE CITY OF HOUSTON LAWS AND ORDINANCES.**

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**SECTION III (TO BE COMPLETED BY HPD / SPECIAL OPERATIONS)**

THE ABOVE INFORMATION HAS BEEN REVIEWED AND APPROVED BY: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PERMITTEE** **DATE**