

**NORWALK-LA MIRADA UNIFIED SCHOOL DISTRICT
SCHOOL SAFETY DEPARTMENT
REQUEST FOR SPECIAL SECURITY SERVICES**

SCHOOL			DATE OF REQUEST	
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EVENT TYPE	
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EVENT DATE		START TIME		ENDING TIME	
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NUMBER OF OFFICERS		REPORT TO	
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LOCATION OF EVENT		*PSEUDO/ACCOUNT STRING*	
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SPECIAL INSTRUCTIONS	
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SCHOOL SAFETY DEPARTMENT USE:

DATE RECEIVED:

DATE POSTED:

ASSIGNED PERSONNEL: