



MAYOR'S OFFICE OF SPECIAL EVENTS SECURITY CONTROL PLAN

Please write your MOSE Event
Coordinator's name below:

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 TO:

CITY OF HOUSTON
MAYOR'S OFFICE OF SPECIAL EVENTS
901 BAGBY, 1ST FLOOR
HOUSTON, TEXAS 77002
FAX: 832-393-0837

SECTION I

EVENT REPRESENTATIVE: _____

NAME OF EVENT: _____

EVENT DAY: _____ DATE: _____ START TIME: _____ END TIME: _____

STREET CLOSURE DAY(S) / DATE(S): _____ START TIME: _____ END TIME: _____

LOCATION: _____

TYPE OF EVENT (I.E., FESTIVAL, FUN RUN, ETC.): _____

ESTIMATED ATTENDANCE: _____ ALCOHOL: [] YES [] NO

SIGNATURE OF PERMITTEE

DATE

SECTION II

NAME OF SECURITY ORGANIZATION: _____

SECURITY COORDINATOR: _____ RANK: _____

WORK PHONE #: _____ CELL #: _____

BREAKDOWN OF OFFICER ASSIGNMENTS

RESPONSIBILITY	NUMBER OF OFFICERS	TIME SCHEDULED: ON DUTY/OFF DUTY
1. Crowd Control		/
2. Traffic Control (if needed)		/
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.

SECTION III TO BE COMPLETED BY HPD SPECIAL OPERATIONS

THE ABOVE INFORMATION HAS BEEN REVIEWED AND APPROVED BY:

SIGNATURE OF HPD SPECIAL OPERATIONS

DATE