

AVIATION SECURITY OFFICE

GUARD SERVICE REQUEST FORM

To: Covenant Aviation Security, LLC

Date: _____

From: _____

Phone: (415) 672-9543

Please complete the ^{Company Name} Guard Service Request Form and return to CAS, LLC promptly via e-mail at CASOAKguardrequest@covenantsecurity.com and cc to Aviation Security Office at opsec@portoakland.com.

Select from one of the choices listed below:

Guard Redeployment Request

For temporary redeployment not to exceed more than four hours. The Port will not incur additional costs due to redeployment of guard.

Guard Service Request

For Special post orders and/or extra assignments.

Start Date: _____

End Date: _____

Day(s) Service Requested

<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
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Start Time: _____

End Time: _____

Location and/or Post: _____

Purpose: _____

Special Instructions and/or Equipment Required to provide guard services: _____

Total Service Hours: _____

Project Name: _____

Number of Guards Needed: _____

The Guard Request Form **Must Be** Completed In its Entirety. Incomplete Forms Will Not Be Processed, And Guard Service Will Not Be Provided.

Organization Unit	
Account Code	
Activity Code	
Facility No.	
Work Request No	

Requested by: _____
Name / Dept

Date: _____

Authorized by: _____
CAS, LLC or Aviation Security Office

Date: _____

Narrative (Please note any time/location changes to original request: _____)

Post No/Name: _____

Requesting department agrees to monitor guard service provided. Any discrepancy or comments regarding guard service should be immediately reported to:

CAS, LLC at (415) 672-9543 or via e-mail at CASOAKguardrequest@covenantsecurity.com