



# UCLA POLICE DEPARTMENT

## PARTY NOTIFICATION

In accordance with UCLA Student Alcohol Policy, Section 2, Part 5, D.H.d.i.  
 (310) 825-1491 Fax (310) 206-2550  
[www.ucpd.ucla.edu](http://www.ucpd.ucla.edu)

The following section is to be completed by the HOST organization(s) and received by the UCLA Police Department at least 5 days prior to expected date of the party.

DATE/TIME OF PARTY		
STARTING/ENDING TIME OF PARTY	START TIME:	END TIME:
ADDRESS AT WHICH PARTY IS TO BE HELD		
RESPONSIBLE PERSON(S) FOR PARTY NAME AND PHONE #		
EVENT CHAIRPERSON		
ALTERNATE #1		
ALTERNATE #2		
NUMBER OF INVITED GUESTS		
ALCOHOL SERVED <i>Reminder - Do not serve alcohol to individuals under 21.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL VENDORS	<input type="checkbox"/> YES (IF YES, PLEASE FILL OUT THE FOLLOWING) <input type="checkbox"/> NO	
	COMPANY NAME	
	COMPANY CONTRACT	
	PHONE NUMBER	
MUSIC:	<input type="checkbox"/> Live Band <input type="checkbox"/> D.J. <input type="checkbox"/> Other:	
IS PRIVATE SECURITY PROVIDED?	<input type="checkbox"/> YES (IF YES, PLEASE FILL OUT THE FOLLOWING) <input type="checkbox"/> NO	
	COMPANY NAME	
	CONTACT NAME	
	PHONE NUMBER	
	# OF SECURITY OFFICERS	
ADDITIONAL INFORMATION:		
<b>FOR OFFICE USE ONLY</b> To be filled out by Watch Commander, who receives form. Date & time form was received: _____ Watch Commander & Badge #: _____ <i>(After processing, place in Support Services box for filing.)</i>		<b>DO NOT WRITE IN THIS BOX</b>