



# Advanced Protection Company

**Please return this completed form to PVSD Business Office along with your rental request forms - should you have any questions, contact Mr. Clemmer, PVSD Director of Operations at 610-489-8506 ext. 1107**

## One Day/Special Event Request for Security Agreement

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Location of Detail: \_\_\_\_\_

Client Representative(s): \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Detail Directives: \_\_\_\_\_

Event Start Date & Time: \_\_\_\_\_

Event End Date & Time: \_\_\_\_\_

Numbers of Agents Requested (Minimum 4 agents): \_\_\_\_\_

Hourly Fee(s): \$21.00 per hour per agent (4 hour shift minimum)

*\*The School District reserves the right to make any changes to the number of agents on a case by case basis\**

Client Comments: \_\_\_\_\_

**This agreement is entered into by both parties listed below, and states that APC shall provide the necessary services requested above, and that the client shall pay APC the hourly rate listed above for those services when invoiced:**

**ADVANCED PROTECTION COMPANY (APC) REPRESENTATIVE**

**CLIENT REPRESENTATIVE**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

