



COMMISSIONER – Precinct 2

LARRY G. GEORGE 102 Airport Rd. ANAHAUC, TX 77514 409-267-2409

SECURITY FOR FUNCTIONS AT CHAMBERS COUNTY BUILDINGS

\$160 PER OFFICER, for the FIRST 4 hours (minimum)

Must be paid upon the officer(s) arrival – CASH ONLY

NOTE: Additional \$40 per hour for each hour or any part of one hour over 4 hours

On _____, you, _____, representing
(date) (name)

_____ have requested _____ officer(s) to work security
(name or company name) (no.)

For approximately _____ guests on the following date: _____ from _____ o'clock to _____ o'clock.
(no.)

County Building Rented: _____ Renter Cell # _____

Printed Name and Signature of Renter: _____ Date _____

Peace officer(s) working the event (printed/signature):

COMPLETED BY: _____ Date Confirmed: _____
County Staff coordinating Security

ALCOHOL: If alcohol of any type will be consumed or served on County premises, it is the responsibility of the user to request security for the event. Security must consist of at least one or more TCLEOSE Certified Peace Officer dependent on the number of guests. The County will provide the user with the required "security form" to be completed by user. The county will forward the form to the Appropriate Department. At this point, all negotiations will be between the Appropriate Department (assigned security officer) and the user. If alcohol, of any type, is found at any County facility and the appropriate deposit fee was not paid or security was not obtained through the Appropriate Department, the user **WILL** lose the entire deposit fee and may lose the right to rent any Chambers County facility in the future.

If a Security request consist of a Peace Officer not employed by Chambers County, the officer must be a TCLEOSE Certified Peace Officer, must be employed on a full time basis, shall not be a part of the event, shall wear their department uniform at the event, shall not consume alcohol and must be present for the duration of the event. The officer must provide a photo copy of the front and back of their TCLEOSE identification and proof of their Department Name/Employer and contact information and is subject to acceptance by the Chambers County Sheriff or Commissioner.

Officer(S) Name: _____

TCLEOSE #: _____

Officer(S) Contact information: _____

Employer: _____

NOTE: IF THE USER CANCELS THE EVENT AND DOES NOT NOTIFY THE OFFICER(S) WITHIN 48 HOURS PRIOR TO THE SCHEDULED EVENT, THE USER WILL BE RESPONSIBLE FOR A MINIMUM PAYMENT OF FOUR HOURS TO THE OFFICER(S).