



Facility Protection Officer Request

This form should be utilized to request Facility Protection Officer(s) to be stationed in a state-owned or state-leased facility. The form may require prior approval of other state officials, as applicable.

| | | | |
|--|--------------|---|--------------|
| Requesting Agency | | | |
| Is this the first request for Facility Protection Officers for this facility? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is the facility State owned or leased? | | | |
| Facility Name/Address | | | |
| Is this request being made because there is/was there an incident? If 'Yes', provide brief details of the incident without compromising security or confidentiality. You may be contacted for additional details if needed. | | <input type="checkbox"/> Yes <input type="checkbox"/> No Brief Description of Incident | |
| Explanation of need for these services. If there was not an incident (See Item 4.), please explain the need for these services and how many FPOs are being requested. | | | |
| Print Name of Agency Head: Title: Date: | | | |
| Signature of Agency Head | | | |
| APPROVED | | APPROVED | |
| FPO Contract Administrator (DGS) sign above | | TDOSHS FPO Manager sign above | |
| Print Name: | Date: | Print Name: | Date: |