



Oakland Public Works
Facilities Services Division
Security Services Add/Change Request Form

Requesting Department information

Requestor Name: _____ Date: _____

Department: _____

Phone _____ Email _____

Funding Information

Project	Org	Account	Task	Award
		54620		

Fund Source Description (if applicable): _____

Location Information

Location/Facility Name: _____

Address: _____

Specific Areas Needing Service (e.g., entrance, parking lot): _____

Requested Service Details

Type of Request: New ☐ Change ☐ Add ☐ Cancel ☐

Requested Start Date: _____

Requested End Date (if known): _____

Days Req'd	Monday	Tuesday	Wednesday	Thurs	Friday	Sat	Sunday
Hours Req'd							

Authorization and Routing

Requestor _____

OPW Facilities Approval _____

OPW Fiscal Approval _____

OPW Director Approval _____

City Administrator
(if applicable) _____

Please return completed form to Marcie Espinoza at mespinoza@oaklandca.gov