

STATE CAPITOL POLICE

ROOM ACCESS / REMOVAL REQUEST FORM

CONNECTICUT

To: State Capitol Police Administration

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



Subject: Room Access / Removal Request

Please Allow: \_\_\_\_\_ Ext: \_\_\_\_\_ access to :
Print name of person being granted access Phone #

Committee area(s) and/or Room(s) #: \_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_

Caucus: \_\_\_\_ SDO \_\_\_\_ SRO \_\_\_\_ HDO \_\_\_\_ HRO \_\_\_\_ EBO \_\_\_\_\_ Other

Please Remove: \_\_\_\_\_ Ext: \_\_\_\_\_ from areas :
Print name of person being removed from access Phone #

Committee area(s) and/or Room(s) #: \_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_

Caucus: \_\_\_\_ SDO \_\_\_\_ SRO \_\_\_\_ HDO \_\_\_\_ HRO \_\_\_\_ EBO \_\_\_\_\_ Other

Caucus Chief Name: \_\_\_\_\_
Printed Name

Caucus Chief Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

or

Legislator's Name: \_\_\_\_\_
Printed Name

Legislator's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State Capitol Police Department Use Only

Date Entered into System by SCPD: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered by \_\_\_\_\_ ID #: \_\_\_\_\_