

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 #: _____

Final Review from Chief of Police: _____