

STATE CAPITOL POLICE
ROOM ACCESS / REMOVAL REQUEST FORM
CONNECTICUT

To: State Capitol Police Administration

Date: ____/____/____



Subject: Room Access / Removal Request

Please Allow: _____ Phone Extension: _____ access to:
Print

Committee area(s) and/or Room(s) #: _____ #: _____ #: _____ #: _____

Caucus: ____ SDO ____ SRO ____ HDO ____ HRO ____ EBO _____ Other

Please Remove: _____ Phone Extension: _____ from areas:
Print

Committee area(s) and/or Room(s) #: _____ #: _____ #: _____ #: _____

Caucus: ____ SDO ____ SRO ____ HDO ____ HRO ____ EBO _____ Other

Caucus Chief/Legislator Signature: _____ **Date:** ____/____/____

State Capitol Police Department Use Only

Entered By: _____

Date Entered: ____/____/____