



BRIDGEWATER STATE UNIVERSITY POLICE DEPARTMENT

Police Permit for Event/Activity Under Bridgewater State University

Free Speech and Expression Policy



PERMIT FOR (TYPE OF EVENT ACTIVITY)	
DATE OF EVENT/ACTIVITY	

PERMIT APPLICATION

The following application is submitted to the Chief of Police, Bridgewater State University

TITLE OF EVENT/ACTIVITY	
DATE TO BE CONDUCTED	
PROPOSED TIME & DURATION	
LOCATION	
ADDRESS & TELEPHONE NUMBER OF PERSON IN CHARGE OF EVENT/ACTIVITY	
IF EVENT/ACTIVITY IS PROPOSED TO BE CONDUCTED FOR, ON BEHALF OF, OR BY AN ORGANIZATION, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE HEADQUARTERS OF THE ORGANIZATION AND OF THE AUTHORIZED AND RESPONSIBLE HEAD OF THE ORGANIZATION	
ORGANIZATIONAL CONTACT:	
ESTIMATE THE NUMBER OF PEOPLE EXPECTED TO ATTEND THE EVENT/ACTIVITY	
LIST OF PLANNED ACTIVITIES:	