

ORLANDO POLICE DEPARTMENT - SPECIAL EVENT SURVEY

NAME OF EVENT: _____ DATE(S): _____

CONTACT PERSON: _____ PHONE: _____

LOCATION: _____

1. Is this the first year for your event? (circle one) **Yes** **No**
(a.) If **no**, how did police services compare to previous years? _____

2. Have you had this event in other cities/states? **Yes** **No**
(a.) If **yes**, where? _____
3. How did you obtain your special event application? (circle one)
Mail **Internet (OPD Web Site)** **Other** _____
Fax **OPD Office**
4. Did you receive adequate information regarding the permitting process (either from documentation or by speaking to someone)? **Yes** **No**
(a.) If **no**, please explain. _____
5. Were your concerns (or any problems) addressed satisfactorily? **Yes** **No**
(a.) If **no**, please explain. _____

6. Did you have off-duty police officers work your event? **Yes** **No**
(a.) If **yes**, was personnel adequate? **Yes** **No**
(b.) If **no**, please explain. _____

7. Did you have an officer coordinate your off-duty police needs? **Yes** **No**
(a.) If **yes**, who was the officer? _____
(b.) What hourly rate were you charged for the following (if applicable):
Officer _____ **Sgt.** _____ **Lt.** _____
Capt. _____ **Coordinator** _____
(c.) Were any other fees paid to the officer coordinating your off-duty? **Yes** **No**
(d.) If **yes**, please explain. _____
8. How would you rate your overall experience with the Orlando Police Department?
(poor) 1 2 3 4 5 (excellent)
9. Comments/suggestions for future events: _____

Person completing survey: _____

Please mail survey to the following address:

**Orlando Police Department
Special Operations Division
P. O. Box 913
Orlando, FL 32802
Attn: Freda Vick**