

# UNIVERSITY of HOUSTON

## Application to Establish, Modify or Eliminate a Campus Carry Exclusion Zone

REQUESTED BY:

DATE:

DIVISION:

DEPARTMENT:

REQUEST TYPE:        Establish  
                             Eliminate  
                             Modify

REQUEST TERM:        Permanent  
                             Temporary – Date and Time Needed  
                             (Requests must be made at least one week prior to event)

EXACT ZONE TO BE ESTABLISHED, MODIFIED OR ELIMINATED:

RATIONALE FOR THE REQUEST:

Refer to MAPP 07.01.05, Part V, Subsection L: Criteria for Exclusion Zones

PLAN FOR WHERE SIGNS ARE TO BE PLACED:

(Note the final placement will be determined by UHPD and Plant Ops)

CAMPUS SAFETY COMMITTEE RECOMMENDATION:

APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_



Send completed form as an email attachment to [campuscarry@uh.edu](mailto:campuscarry@uh.edu)