



PORT OF BEAUMONT

This document shall serve as confirmation of the applicable port charges on the following services through the Port of Beaumont.

Request to order Patriot Security Guards

Company

Name _____

Requestor's

Name _____

Office Phone _____

Cell Phone _____

Email _____

Location of requested guards (check all that apply)

- Buford Street Gate
- Carroll Street Gate
- KCS Main Line Gate - OC
- Leonard Street Gate
- Pipe Gate
- Rail/Train Gate
- Other: _____

From

Date/Time _____

To

Date/Time _____

Notes _____

PO Number* _____

*If PO Number is required and not available, list email address to request one

Authorization of requested services

Signature _____

Title _____

Printed Name _____

Date _____