



CASTLE DEFENSE 360 SECURITY CONSULTING AND PROTECTION SERVICES LLC
REQUEST FOR SECURITY CONSULTING SERVICES

Lebanon, Missouri 65536

Email: t.easton@castledefense360.com

Phone: (417)664-0173

1. Company, Organization or Individual requesting services: _____

2. Type of service being requested: (Circle choice)

Assessment: Residence Business Church School Site Other: _____

Protective Services: Bomb Search & Sweep Entry Control Design Exec Protection

Training: Active Attacker (C) or (LE, Guard, EM) IED Lane (LE, Guard, EM) Individual Skills (IST) Home Defense Emergency Planning Triple Threat Awareness Seminar R3 Course (Security Guard Only)

Security Group Establishment: Neighborhood Watch Church Security Other: _____

Patrol: Single Home Complex Neighborhood Business School Other: _____

Mission Support: _____

3. Location(s) services are required:

4. Date(s) and Time(s) of service:

5. Duration of contract:

6. Method of Payment: (Circle choice) Check Cash Credit Card Direct Deposit ACH PayPal

Payment Notice: A Non-Refundable deposit of 30% of total contract fee is due at contract signing to cover initial operational costs. Concurrent payments will be due according to contract agreement.

Printed Name of Client or Authorized Representative

Signature of Client or Authorized Representative and Date