BAL HARBOUR POLICE DEPARTMENT

MARK N. OVERTON
Chief of Police

EXTRA DUTY POLICE SERVICE REQUEST FORM

Please fill out as completely as possible

Company or Individual to be billed: _____

Check One: ☐ Individual: _____

☐ Corporation, State of: _____

☐ Partnership, State of: _____

☐ Fictitious name registered to: _____

Attached legible copy of Driver's License of individual, partner or corporate officer.

Federal Employee Identification Number (EIN) or Social Security Number: _____

Billing Address of Requestor: _____

City:_____State:_____Zip Code:_____

Telephone Number: ( )_____EXT._____Fax: ( ) _____

Email Address: _____

Requestor will promptly notify the Extra Duty Coordinator of any changes to the above information.

Address Where Extra Duty will be performed: _____

_____

Telephone Number: ( )_____EXT. _____

On Site Contact Person:_____Telephone Number: ( ) _____

Dates Requested:_____to_____Number of Days _____

Hours to be worked (*Be Specific AM or PM*): Beginning_____Ending _____

Number of Officers Requested: _____ Type of Service Requested (i.e., Security, Traffic, etc.): _____

_____

Expected Attendance: _____Alcohol Being Served? ☐ Yes ☐ No

Requestor acknowledges the information herein is correct and assumes all responsibilities for its accuracy. Requestor also acknowledges that payment for service rendered will be submitted to the Village of Bal Harbour within thirty (30) calendar days of receipt of the invoice. There will be a four (4) hour minimum charge for any Extra Duty Police Service request. The Extra Duty Police Service rate is $60.00 per hour and $82.50 per hour for holidays. Cancellation of the Officer within twenty-four (24) hours of the detail will result in a four (4) hour minimum charge.

_____	_____	_____
Requestor's Print Name	Requestor's Signature	Date