LARCHMONT POLICE DEPARTMENT

REQUEST FOR SPECIAL DUTY ASSIGNMENT

| ORGANIZATION | | | |
|--|--|--|---|
| NAME: | | | |
| ADDRESS: | | | |
| PHONE: | | | |
| EVENT INFORMATION | | | |
| DATE & TIME: | | | |
| PROJECT LOCATION: | | | |
| CONTACT PERSON AT EVEN | Т: | | |
| BILLING CONTACT: | | | |
| BILLING EMAIL ADDRESS: | | | |
| BILLING MAILING ADDRESS | S: | | |
| EVENT DESCRIPTION: | | | |
| NUMBER OF OFFICERS REQ | UESTED*: | | |
| per officer for all scheduled deta all hours worked in excess of scharged for a full hour. *A vehicle is mandatory and ther hours at increments of 4 hours we NOTE: The police officer(s) assign Larchmont Police Department. The | ils. Vendor agrees to pay for all neduled hours. Officers are as see is a \$100.00 fee for the use of ill be an additional \$50.00 per led to this event are on duty all nese officers will follow the directions. | Il hours schedulesigned on an hood of a patrol vehicle) Indicate the subject of the section of the initial control of the initial contro | c. There is a minimum fee of 4 hours ed, regardless of hours worked, and purly basis and partial hours will be le. (Minimum 8hrs, additional to the rules and regulations of the mmediate supervisors and adhere to |
| the chain of command of the Larc | nmont Police Department only | | |
| I guarantee to reimburse the Villa | ge of Larchmont immediately ι | upon receiving a | bill for the above described service. |
| Signature | | Date | |
| _ | | | |
| | of | | , agrees to indemnify and |
| - | | | rom all claims, actions, proceedings, archmont Police Officer arising from |
| Signature | Date | | APPROVED |
| | | | |
| | | — | DENIED |
| | | D. | |