



# BAL HARBOUR POLICE DEPARTMENT

Raleigh Flowers, Jr.  
Chief of Police



## EXTRA DUTY SERVICE REQUEST FORM

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 a four (4) hours minimum charge for any Extra Duty requests. Extra Duty 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) hours minimum charge.**

Requestor's Print Name \_\_\_\_\_

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_