

## **PAID DUTY REQUEST FORM**

CHATHAM KENT POLICE SERVICE								
P.O. BOX 366, 24 THIRD STREET, CHATHAM ON N7M 5K5  http://www.ckpolice.com								
ORGANIZATION INFORMATION			BILLING INFORMATION (If different than organization information)					
Name			Name					
Contact Person				Contact Person				
Address	ress		Address					
Telephone	elephone			Telephone				
Fax				Fax				
Contact Email Address EVENT INFORMATION		Contact Email Address						
Location of Ev	ent							
Event Ty	ре	Eve	Event Date		Start Time		End Time	
☐ Wide Load	Escort							
☐ Traffic Control								
☐ Security								
☐ Other (describe below)		ow)						
Attachment and Description (Maps or other specific instructions)  VES  NO								

Is alcohol being served?		☐ YES ☐ NO		PERMIT				
Officer and Vehicle Requirements								
Estimated Number in Attendance		Number of Officers Required		Number of Vehicles Required				
PART B								
AGREEMENT CON	DITIONS							

- There is a minimum charge of four (4) hours at a rate of \$66.50 per hour plus HST. (Rate is effective January 2015)
- Police vehicle rate is \$25.00 per hour for actual time used plus HST.
- Payment may be made at any municipal office throughout the municipality.
- With less than 24 hours' notice of cancellation, there will be a minimum of four (4) hours charged.
- There will be no charge for more than 24 hours' notice of cancellation.
- Cancellations must be made by contacting the paid duty administrator at 519-676-5133 or the duty sergeant at 519-436-6600, extension 626 should the paid duty administrator be unavailable.
- Police officers providing service under this agreement shall be required to perform only those duties which are normally performed by police officers.
- The employment shall be of such nature and so located that the officer would be available for emergency police duties.
- The number of officers indicated by the organization is subject to change by the Chief of Police or his/her designate based on the information provided.
- Where alcohol is being served, conditions may be redefined as determined by the Chief of Police or his/her designate at the time of application. The organization will be notified of any changes.

I have read, understand and agree to the Cha	cham-Kent Police Services' paid duty policy as outlined above.
Signature of Requestor	Date (dd/mm/yyyy)

## **PART C** (To be completed by paid duty administrator or duty NCO)

PLATOON(S) AVAILABLE	
OFFICER #1	
OFFICER #2	
OFFICER #3	
OFFICER #4	
OFFICER #5	
OFFICER #6	

PART D (To be completed by paid duty administrator or duty NCO)

If a cancellation call is received, please complete the following:

Date of Cancellation	Time of Cancellation	Cancelled By	Person taking Cancellation	Officer(s) Notified