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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		Address	
Telephone		Telephone	
Fax		Fax	
Contact Email Address		Contact Email Address	

EVENT INFORMATION

Location of Event			
Event Type	**Event Date**	**Start Time**	**End Time**
☐ Wide Load Escort			
☐ Traffic Control			
☐ Security			
☐ Other (describe below)			

Attachment and Description (Maps or other specific instructions)

☐ YES

☐ NO

Is alcohol being served?	☐ YES ☐ NO	☐ LLA PERMIT ☐ SOP PERMIT

Officer and Vehicle Requirements		
Estimated Number in Attendance	Number of Officers Required	Number of Vehicles Required

PART B

AGREEMENT CONDITIONS

- **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 Chatham-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