



Town of Redding Police Department

96 Hill Road
Redding, CT 06896
(203) 938-3400
Fax: (203) 938-9427



Request for Special Police Services (7/1/11-6/31/12)

Billing Information: (Please be sure to include complete billing information)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Special Duty Information:

Date of Service: _____

Location: _____

Officers: _____

Start Time: _____

End Time: _____

Type of Event (circle):

Construction

Utility Work

Other (Explain)

Contact Person: _____

Phone: _____

Fees for all services will be billed and collected by the Town of Redding in accordance with the following:

Rate per person will be **\$78.42/hr** (excluding Weekends and Holidays), Rate per person will be **\$103.23/hr** after 8 hours and on Weekends and Holidays. **There is a minimum charge of 4 hours per police officer.** Use of police vehicle will be determined by the Town of Redding. Rate per vehicle is \$23.00/hr. There is a minimum charge of 4 hours per car.

Failure to advise of cancellation of this event at least four (4) hours before officer is due makes sponsor liable for the minimum charge. To cancel, call 203-938-3400.

* All rates subject to change due to contractual increases, insurance and fuel increases.

The undersigned being the sponsor/sponsor's representative hereby agrees to assume responsibility for payment to the Town of Redding for the above requested police service.

Signature: _____

Date: _____

Special Duty Voucher – For Town of Redding Use Only

Officer: _____ Badge #: _____ Date Worked: _____ Times: _____ - _____

Overtime Hours Worked: _____ # Double-Time Hours Worked: _____ Bill Vehicle: Y N

Signature: _____
Officer's Signature

Approved: _____
Police Chief/Executive Officer

Payroll Date _____ Invoice Date _____