



Town of Redding Police Department

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



Request for Special Police Services (7/1/10-6/31/11)

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

Name: _____
Address: _____
City, State, Zip: _____ Phone: _____

Special Duty Information:

Date of Service: _____ Location of Event: _____
Officers: _____ Start Time: _____ End Time: _____
Type of Event: _____
People: _____ # Vehicles _____ Anticipated problems?: _____
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 **\$74.75/hr** (excluding Weekends and Holidays), Rate per person will be **\$98.34/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 \$26.00/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 _____
Overtime Hours Worked: _____ # Double-Time Hours Worked: _____ Bill Vehicle: Y N
Signature: _____ Approved: _____
Officer's Signature Police Chief/Executive Officer
Payroll Date _____ Invoice Date _____