

Ridgefield Police Department

APPLICATION FOR POLICE SERVICE

****Requestor to complete sections A,B,C, and staple deposit check to this application****

Section A: Customer Information

Individual/Organization: _____

Address: _____

Representative Name: _____ Phone: _____

Non-Profit Tax ID: _____ Permit Number (If Construction): _____

Section B: Event Information

Event Description: _____

Location: _____ Event Date: _____

Event Time: _____ Attendance Expected: _____ Alcohol Served: Y / N

Section C: Payment Information

Bill To (Name and Address): _____

Phone: _____ Requestor Signature and Date: _____

By signing this document, you agree to assume responsibility to the Town of Ridgefield for the above rendered services.

The individual or entity ordering said service is responsible for checking coverage for the scheduled event by calling Ridgefield Police Department Communications at (203) 438 – 6531 prior to the event.

****Your event is not guaranteed to fill unless otherwise arranged with the Uniform Division Commander****

Police Union Collective Bargaining and Billing Information

1. Initial deposit of \$50.00 per hour (4 hours minimum) per officer for all requested hours due with submission of this application. If this does not cover the cost of the service, you will be billed for additional costs above the deposit.
2. Cancellations must be made by phone at least 12 hours prior to scheduled start time of the event. If you do not cancel prior to 12 hours before the start of the event, you will be billed for the fully scheduled event (minus cruiser cost).
3. On site time of the assignment that exceeds the scheduled time shall be paid in one hour increments to the next full hour.
4. If the job exceeds 4 hours, but is less than the time you scheduled the officer(s), you will be responsible to pay the full amount scheduled (minus cruiser cost).
5. Jobs requested between the day after Memorial Day and the day before Labor Day (weekends only from Friday 4:00 pm to Sunday) will be subject to double time pay for the officer(s) scheduled.

RIDGEFIELD POLICE USE ONLY:

OFC. RECEIVING REQUEST/DEPOSIT: _____ DATE/TIME: _____

CHECK AMOUNT: _____ CHECK #: _____