



PALM BEACH GARDENS POLICE DEPARTMENT

"COMMITTED TO PROFESSIONAL EXCELLENCE"

REQUEST AND AGREEMENT FOR THE PURCHASE OF POLICE SERVICES

- PAYMENT IS REQUIRED BY CHECK OR MONEY ORDER WITHIN 30 DAYS OF INVOICE
- OUT OF STATE VENDORS MUST PREPAY ALL POLICE SERVICES REQUESTED
- NO CASH ACCEPTED

• SEND REMITTANCE TO : **City of Palm Beach Gardens**
Attention: Finance Department
10500 North Military Trail
Palm Beach Gardens, FL 33410
-Please specify 'extra duty detail' on check.

THREE HOUR MINIMUM FOR EACH OFFICER

RATES: PER HOUR FOR EACH OFFICER..... \$ 42.00
 PER HOUR FOR EACH SUPERVISOR..... \$ 47.00
 PER HOUR FOR EACH LIEUTENANT..... \$ 52.00
 PER HOUR FOR EACH VEHICLE \$ 4.00

HOLIDAYS: ADDITIONAL \$5.00 PER HOUR ON: SUPERBOWL SUNDAY, EASTER, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVING DAY, CHRISTMAS EVE, CHRISTMAS DAY AND NEW YEAR'S EVE.

NOTE: 5-9 OFFICERS - REQUIRES ONE (1) SUPERVISOR
10-14 OFFICERS - REQUIRES TWO (2) SUPERVISORS
15-20 OFFICERS - REQUIRES TWO (2) SUPERVISORS and 1 LIEUTENANT

APPLICANT: _____ PHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REQUESTED BY: _____ NUMBER OF OFFICERS REQUESTED: _____

TYPE OF SERVICE: ONE TIME EVENT ONGOING SERVICE

STARTING DATE: _____ TIME: _____ ENDING DATE: _____ TIME: _____

(For ongoing service, please use table to show days and times requested per week)

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

SERVICES REQUESTED/COMMENTS: _____

ATTENDANCE: _____ ALCOHOLIC BEVERAGES SERVED: YES/NO WHAT TYPE: _____
 OCCUPATIONAL LICENSE #: _____ CITY: _____ STATE: _____
 LOCATION OF EVENT: _____

_____ OFFICERS @ \$42.00 PER HR. FOR A TOTAL OF _____ HOURS = \$ _____
 _____ SUPERVISORS @ \$47.00 PER HR. FOR A TOTAL OF _____ HOURS = \$ _____
 _____ LIEUTENANTS @ \$52.00 PER HR. FOR A TOTAL OF _____ HOURS = \$ _____
 _____ VEHICLES @ \$4.00 PER HR. FOR A TOTAL OF _____ HOURS = \$ _____
 TOTAL AMOUNT \$ _____

***For ongoing service only *** Total Amount per week = \$ _____

- A. Application should be received at least 48 hours prior to the scheduled event.
- B. Cancellation of the request must be made in writing 24 hours before the scheduled starting time otherwise the three-hour minimum will apply.
- C. The City of Palm Beach Gardens shall have the right to recover from the requesting organization all costs of collection of any unpaid bill, including reasonable attorney fees.
- D. Call the extra duty detail coordinator 48 hours prior to the detail to check on staffing. In the event the coordinator is unavailable, contact the Police Department directly at 561-799-4445.

Send bill to: _____ Requested by: _____
 Address: _____ Address: _____

 Email: _____ Date: _____ Phone: _____
 May we email your invoice? Yes/No Signed: _____
 Accounts payable representative: _____
 Phone number: _____

For office use only
 Received by: _____ Date: _____
 Entered in TS: _____ Date: _____



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Dear Business Representative,

In an effort to ensure that we continue to offer you quality services while providing your extra-duty detail, we ask that you please take a moment and answer the following question:

- Please provide a brief description of the detail including specific responsibilities.

- Is there office space available for the officer working the detail?

Yes____ No____ Location_____

- Do you require a marked patrol vehicle for the detail? Yes____ No____

- Is the officer required to check in with someone prior to starting the detail?

Yes____ No____ Name of contact person_____

- Please provide your name and a contact number:

We appreciate your assistance. If you have any questions please call me at 561-799-4522.
Please return this form to me at your earliest convenience.

Sincerely,

Beth Kerr
Administrative Specialist II
Extra Duty Detail Coordinator