



# PALM BEACH GARDENS POLICE DEPARTMENT

*"COMMITTED TO PROFESSIONAL EXCELLENCE"*

## REQUEST AND AGREEMENT FOR THE PURCHASE OF POLICE SERVICES

**RATES:** PER HOUR FOR EACH OFFICER\* .....\$47.00  
 PER HOUR FOR EACH SUPERVISOR\* .....\$52.00  
 PER HOUR FOR EACH VEHICLE .....\$ 4.00  
 \* A three hour minimum per officer is required

### HOLIDAYS & SPECIAL DAYS:

AN ADDITIONAL \$5.00 PER HOUR WILL BE CHARGED ON THE FOLLOWING HOLIDAYS AND SPECIAL DAYS:

- SUPERBOWL SUNDAY
- EASTER
- MEMORIAL DAY
- INDEPENDENCE DAY
- LABOR DAY
- THANKSGIVING DAY
- CHRISTMAS EVE
- CHRISTMAS DAY
- NEW YEAR'S EVE

**NOTE:** 5-9 OFFICERS – REQUIRES ONE (1) SUPERVISOR / 10-14 OFFICERS – REQUIRES TWO (2) SUPERVISORS

### APPLICANT INFORMATION:

APPLICANT NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### EVENT INFORMATION:

EVENT NAME: \_\_\_\_\_ EVENT DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NUMBER OF OFFICERS REQUESTED: \_\_\_\_\_ MARKED PATROL VEHICLE REQUIRED: YES / NO

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:

NUMBER OF ATTENDEES: \_\_\_\_\_ WILL ALCOHOLIC BEVERAGES BE SERVED? YES / NO

OCCUPATIONAL LICENSE #: \_\_\_\_\_ SPECIAL EVENT PERMIT #: \_\_\_\_\_

IS THE OFFICER REQUIRED TO CHECK IN UPON ARRIVAL? YES / NO

IF YES, NAME OF CONTACT PERSON: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

SERVICES REQUESTED / SPECIFIC RESPONSIBILITIES / COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____ OFFICERS	@ \$47.00	PER HOUR FOR _____	HOURS EACH = _____	\$ _____
_____ SUPERVISORS	@ \$52.00	PER HOUR FOR _____	HOURS EACH = _____	\$ _____
_____ VEHICLES	@ \$ 4.00	PER HOUR FOR _____	HOURS EACH = _____	\$ _____
<b>TOTAL AMOUNT</b>				<b>\$ _____</b>
<b>TOTAL AMOUNT PER WEEK</b>				<b>\$ _____</b>
<i>(for ongoing services only)</i>				<b>\$ _____</b>

- 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.
- E. Payment is required by check or money order upon receipt of invoice.
- F. Out of state vendors **MUST** prepay all police services requested.
- G. No cash accepted.
- H. Send remittance to:           City of Palm Beach Gardens  
  **Attention: Finance Department**  
  10500 North Military Trail  
  Palm Beach Gardens, FL 33410  
  -Please include invoice no. on check.

**CONTACT INFORMATION:**

EXTRA DUTY DETAILS COORDINATOR 561-799-4522

Please fax completed request to 561-799-4408 or email to [extraduty@pbgfl.com](mailto:extraduty@pbgfl.com).

**BILLING INFORMATION:**

SEND BILL TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ MAY WE E-MAIL YOUR INVOICE? YES / NO

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

ACCOUNTS PAYABLE REPRESENTATIVE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_