



Streetsboro Police Department

Off-Duty Employment Request Form

Phone: 330.626.4976

Fax: 330.626.5239

Email: tbeaver@streetsboropolice.com

Contact Name _____ Contact Title _____

Employing Company _____ Business Type _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____

Email _____

Rates (Minimum 4 hours): **Security: \$50/hour Traffic Control: \$55/hour Holiday Rate: \$80/hour Police Car: \$15/hour**

Describe Type of Service Requested _____

List the following Date, Day, Times , Number of Officers, and Police Cars requested: (Attach additional page if necessary)

<u>Dates</u>	<u>Days</u>	<u>Times</u>	<u># Officers</u>	<u>Police Car (Y/N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- All approved details have a four hour show up minimum. If the event is cancelled or concludes prior to four hours time, payment shall be for four hours for both officers and police cars, if applicable.
- Cancellation of a detail requires a minimum two hours notice to the police department main dispatch line at 330.626.4976. Failure to provide required minimum notice of cancellation will result in show up billing for that date.
- During such detail, the officer is not being paid by the City, and the City will not be responsible for reporting and account for any state, federal, social security or local taxes. The City assumes no liability for the actions of the independent contractor, their agents or employees, or the officer
- Payment for the officer(s) work is made directly to the officer(s). Payment for the use of the police car is paid separately by check made payable to "The City of Streetsboro" upon conclusion of the detail.

Comments/Special Instructions by the SPD Detail Coordinator

Signature by Requesting Party below indicates understanding of the above instructions and compensation terms and conditions as outlined on page 1.

Requesting Party

Date

SPD Detail Coordinator

Date

Please either fax this form to Streetsboro Police Department, ATTN: Lt Troy Beaver at 330.626.5239

or

Email the form to tbeaver@streetsboropolice.com