

Essex Police – Resident Trooper's Office

Request and Agreement for Extra Duty Police Services

This form will be completed:

- By all individuals, organizations, corporations or companies requesting extra duty police services.
- In conjunction with any tent or Temporary Liquor Permit Application and submitted at least 30 days prior to the event.
- For any event on Town property with 100 persons or more and submitted at least 30 days prior to the event.
- Any parade on a public street and submitted at least 30 days prior to the event.

The _____ of
Individual, organization, corporation, or company

Billing Address: _____
Number & Street Town/City State Zip Code

Requests the following police services: ☐ Traffic Control ☐ Crowd Control
☐ Community parade services ☐ Security ☐ Other

Type & Name of Event: _____

Location: _____

Date(s) of event: _____ Start time: _____ End time: _____

Anticipated number of people attending: _____ Number of officers Requested: _____

I understand and agree to the following:

1. Extra Duty rate is **\$77.50** per officer per hour. Includes vehicle.
2. Fees will be charged for a minimum of **four hours per officer**.
3. **Four hour minimum** applies for cancellation with less than 24 hour notice. Call **860 767-1054** for all cancellations.
4. **Payment of fees shall be within 15 days of billing.** The Town of Essex shall have the right to recover all costs of collection of any unpaid bill, including reasonable attorney fees.
5. Extra Duty assignments are subject to collective bargaining agreements and the applicant may not request a specific officer.
6. Any Extra Duty assignments not filled by Essex Police may be filled by State Police. **State Police Extra Duty will be charged at prevailing State rate for the specific Trooper assigned.**
7. In accordance with CGS 7-284, the First Selectman, or his representative (Essex Police Administrative Officer), may require additional personnel, the expense of which will be borne by the individual, organization, corporation or company.
8. At the discretion of the First Selectman, fees for community parades conducted by non-profit groups may be waived. Further information may be required of any applicant before approval.

Signature: _____ Date: _____

Printed Name: _____

Address: _____
Number & Street Town/City State Zip Code

Telephone #: () _____ Fax #: () _____

I would like the application response: ☐ faxed; or ☐ mailed to me

Your request has been: ☐ denied ☐ approved

Your request has been modified to require ____ additional officers.

Your request conforms with community parade standards and fees are waived ☐

Approved by _____ Date: _____
First Selectman