

**EAST HARTFORD POLICE DEPARTMENT
31 SCHOOL STREET, EAST HARTFORD, CT 06108-2638
REQUEST AND AGREEMENT FOR PURCHASE OF POLICE SERVICES**

That _____ of
(Individual, organization, corporation, or company)

Address: _____
(Number Street City State Zip Code Telephone #)

Request the following police service: Traffic Control _____ Crowd Control _____ Security _____

Description of Event: _____

Location of Event: _____

Date of Event: _____ Starting Time: _____ Duration of Event: _____

Anticipated Attendance: _____ Number of Officers Requested: _____

Police Vehicle Requested? _____

I/We understand and agree to the following:

- a. The fee for Police Services is enclosed in the attached schedule. There is a **MINIMUM** fee of 5 hours for any duty. Duty extending over 5 hours is a **MINIMUM** fee of 8 hours. Duty extending over 8 hours will be billed for the amount of hours worked.
- b. Cancellation **MUST** be received at least one hour before the starting time of the event, otherwise the minimum 5-hour charge will apply. If the event is cancelled, the individual calling to cancel must note the name of the person he/she spoke to. If there is a dispute regarding if or when a job was cancelled and the requesting party is unable to provide information on who and when they contacted the department, the requesting party will be required to pay the minimum charges.
- c. In accordance with Section 7-284 of the General Statutes, the Chief of Police, or his authorized representative, may require the hiring of additional personnel, the expense for which will be borne by the individual, organization, or company sponsoring the event.
- d. Payment for all such fees and expenses shall be made **PRIOR** to the delivery of police services. The Town of East Hartford shall have the right to recover from the requesting party all costs of collection of any unpaid bill including reasonable attorney(s) fees.
- e. Will alcohol or beer be dispensed at this function? YES ___ NO ___ (If answer NO, disregard item "f.")
- f. Has a temporary Beer/Alcohol Permit been completed and application made? YES ___ NO ___

OPERATORS Lic.# _____ STATE _____ D.O.B. _____

Bill To: _____ Requested By: _____

Address: _____ Address: _____

Signed: _____ Date: ___/___/___ Telephone: () _____

APPROVED BY: _____ DATE ___/___/___