



REQUEST FOR PAID DUTY

DATE OF REQUEST: _____

RECEIVED BY: _____

CONTACT NAME: _____

ORGANIZATION: _____

INVOICE ADDRESS: _____

TELEPHONE: _____

FAX: _____

LOCATION OF DUTY: _____

REASON AND/OR ANTICIPATED DUTIES: _____

NUMBER OF OFFICERS: _____

DATES REQUIRED: _____

TIMES REQUIRED FROM: _____ TO: _____

NUMBER OF VEHICLE(S) REQUIRED: _____

RATES: \$108.44 per hour per officer (minimum four hours)

+ Vehicle \$62.15 (tax included) per hour per vehicle

**Rates subject to change without notice

** Large events may require specific resources in consultation with the OSPS

CANCELLATION: Minimum 24-hour notice by fax addressed to "Sergeant on Duty"

SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____

Please sign and return via fax (519) 376-6131 to confirm the above information.