

**CANAL FULTON POLICE DEPARTMENT
OFF-DUTY POLICE DETAIL APPLICATION**

TO BE COMPLETED BY THE PERSON/ORGANIZATION REQUESTING THE DETAIL

Name of Requesting Person/Agency _____

Address of Requesting Party _____

Mailing or Billing Address (if different from above) _____

Name of Contact Person _____

Telephone Number _____

Fax Number _____

Email Address _____

Description of Event / Type of Service Requested: _____

Location / Address of Event: _____

Date of Event	Start Time	End Time	# of Officers	# of Vehicles	Est. Cost

Will Alcohol Be Served? _____ Yes _____ No _____

Anticipated Number of Persons Attending Event: _____

Name of Insurance Carrier / Policy or Contract # / Phone #: _____

I acknowledge that I accept and agree to all the terms and conditions contained in the agreement attached (Terms and Conditions).

Signature of Person Requesting Off-Duty Police Detail _____

Date _____

Name of Requesting Business / Organization / Agency _____

TO BE COMPLETED BY CHIEF OF POLICE OR DESIGNATED REPRESENTATIVE:

Off-Duty Police Detail is: APPROVED / DENIED Signature: _____

Date: _____

Remarks: _____

