



Vero Beach Police Department

Application for Pre-Arranged Detail Service

Phone #: (772) 978-4600 - Fax #: (772) 978-4691

E-Mail: info@vbpd.org

In compliance with General Order 26, this application is required to engage the extra-duty services of the required number of officers for public safety, health, and welfare above those provided to the general public. A minimum of three (3) days advance notice is requested prior to the service date. Cancellation of the detail with less than 2 hours notice prior to commencement of the detail will result in 3 hours minimum billing per officer. All cancellation requests must be directed to the Communications Section, (772) 978-4604. The business/person requesting services will be invoiced after the event. If payment issues occur with the business/person requesting services, future events may require advanced payment. Applicant agrees to issue payment within (30) days of invoice. Applicant may be responsible for the costs incurred on the collection of this debt.

*** Three (3) Hour Minimum per Each Officer***

Officer rate per hour.....\$55.00

Supervisor rate per hour.....\$55.00 {One (1) Supervisor will be required for each group of four (4) officers}

Employer Information

Business/Person requesting services: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ E-Mail: _____

Work #: _____ Fax #: _____ Cell #: _____

Authorized Signature: _____ Date: _____

(Applicant agrees to the terms stated herein)

Job Site Information

Type of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Officers Requested: _____ Alcohol Served: YES NO Expected Crowd Size: _____

Services Requested: (Security Presence/Crowd Control/Traffic Control/Escort etc) _____

Will detail require patrol vehicle travel *AS PART OF* the detail (not just to and from): YES NO

Requested Shift Schedule

Start date: _____ Start time: _____ End date: _____ End time: _____

Is this an on-going detail request? YES NO Estimated Duration: _____

Additional notes/instructions: _____

Permit required: YES NO If YES, date permit was approved: _____

Office Use Only

Number of Officers by policy: _____ Supervisor Required: YES NO # Needed: _____

Projected total cost: _____

APPROVED/DECLINED by: _____ Date: _____

