APPLICATION FOR SPECIAL POLICE SERVICES

POMPTON LAKES POLICE DEPARTMENT
25 LENOX AVENUE
POMPTON LAKES, N.J. 07442

(PLEASE FILL OUT SECTIONS I. AND II.

I. APPLICANT SECTION

I HEREBY REQUEST THE SERVICES OF _____SPECIAL POLICE OFFICERS.
FOR DUTY ON _____ FROM THE HOURS OF_____ TO _____
NAME OF ORGANIZATION:_____
NATURE OF SERVICES: _____
LOCATION: _____
PRINT NAME OF PERSON MAKING APPLICATION:_____
SIGNATURE OF PERSON MAKING APPLICATION: _____
DATE:_____

II. NAME AND ADDRESS OF PERSON TO BE BILLED FOR SERVICES

NAME: _____ PHONE#_____
ADDRESS: _____

(NOTE: ALL CONTRACTORS/APPLICANTS CANCELING SCHEDULED WORK MUST CALL THE POLICE DEPARTMENT AT (973) 835-0400 AT LEAST TWO (2) HOURS PRIOR TO THE SCHEDULED START TIME. OTHERWISE YOU SHALL BE ASSESSED AND ARE RESPONSIBLE FOR PAYING A MINIMUM OF TWO(2) HOURS PER OFFICER AT THE OFFICER'S CURRENT RATE OF $41.45 PER HOUR.

III. (FOR POLICE DEPARTMENT USE ONLY)

POLICE OFFICER ASSIGNED:

Day: _____Date: ____/_____/_____Officer:_____/_____ Hours:_____
Day: _____Date: ____/_____/_____Officer:_____/_____ Hours:_____
Day: _____Date: ____/_____/_____Officer:_____/_____ Hours:_____
Day: _____Date: ____/_____/_____Officer:_____/_____ Hours:_____
Day: _____Date: ____/_____/_____Officer:_____/_____ Hours:_____

SIGNATURE OF STAFF OFFICER MAKING ABOVE ASSIGNMENTS:_____

DATE:_____

PLEASE RETURN COMPLETED FORM TO LT. MICHAEL KLEPACKY AT
FAX # (973) 831-1412