

WYCKOFF POLICE DEPARTMENT
SCOTT PLAZA
WYCKOFF, NJ 07481-1907
201-891-2121
FAX: 201-891-2850
Off-Duty Police Assignment Agreement

Date: _____

I, _____ representing: _____, hereby request off-duty police officer(s) as follows:

1. Number of police officers: _____
2. Detail: _____
3. Date(s) requested: _____
4. Hours requested: _____
5. Location of assignment: _____

The cost of this service is based on a rate of up to \$ _____ per hour, per police officer. (This amount includes a \$10.00 per hour township administrative fee.) I agree to provide a check made payable to the Township of Wyckoff within two weeks of receiving an invoice from the Police Department.

A minimum of one hour notification will be required in the event of cancellation. If cancellation occurs within the one hour requirement, the officer assigned shall be entitled to two hours pay from the private entity requesting the off-duty assignment.

It is also understood and agreed upon, that no work shall begin prior to approval of the Wyckoff Police Traffic Safety Officer or his designee, regarding road closing, detours, signing, and/or conditions he feels necessary in the interest of traffic safety. It is also understood that the following conditions have been agreed upon:

If the company or individual requesting a private off-duty police assignment does not submit all monies as requested, he agrees to pay all the Township's legal and administrative costs incurred to collect those costs due the municipality.

I understand that failure to comply with this agreement or any stipulation made by the Wyckoff Police Traffic Safety Officer may result in postponement of this event until the proper conditions have been met.

Signature: _____

Print Name: _____

Title: _____

Company: _____

Phone: _____

Cell: _____

Street: _____

Fax: _____

City/State/
Zip: _____

Date: _____