WYCKOFF POLICE DEPARTMENT SCOTT PLAZA

WYCKOFF, NEW JERSEY 07481 (201) 891-2121 FAX (201) 891-2850

Off-Duty Police Assignment Agreement

	Date:
I,	
	Company, hereby
request off-duty police office	r(s) as follows:
1. Number of police officers	:
2. Uniform traffic control:	
3. Uniform security:	
4. Non-uniform security:	
5. Hours requested:	
6. Duration of assignment:	
7. Location of assignment	
The cost of this service is bas	sed on an hourly rate of \$ per hour, per police officer. I agree
to provide a check made paya	able to the Township of Wyckoff within fifteen days of receiving an
invoice from the Police Depa	urtment.

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

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.		
a.		
	gnature:	
P	rint Name:	
T	itle:	
C	ompany	
T	elephone:	

from the private entity requesting the off-duty assignment.