



LISBON POLICE DEPARTMENT
46 SCHOOL STREET
LISBON, NH 03585



Derek S. Sullivan
Chief of Police

Business Telephone: 603-838-6712
Emergency Telephone: 911
Fax: 603-838-5502

PRIVATE DETAIL REQUEST

Requesting Organization: _____

Billing Address: _____

Contact Person: _____ Phone# _____

Type of Function: _____

Location: _____ Alton, NH

Date: _____ to _____ Time: _____ AM/PM to _____ AM/PM

Indicate Type of Detail Requesting:

Traffic Control _____ Crowd Control/Public Peace _____ Personal/Property Protection _____

Other (please describe): _____

Number of Officers requested: _____ Is a Police Cruiser requested for this detail? Yes ___ No ___

My signature below acknowledges that I have read the terms and understand the conditions pertaining to the contractual agreement in hiring a police officer(s) for the purposes of performing police duties, as a private detail officer. I also fully understand and agree to pay the administrative fees and billing costs, which consist of the terms listed below:

Detail Rate Per Hour: \$88.00 (breakdown below)

- *Officer rate is \$58.50 per hour [with a minimum of 4 Hours]*
- *+ cruiser rate of \$20.00 per hour (unless otherwise waived, typically officers will require a cruiser for safety purposes)*
- *+ Administrative Fee of \$9.50 per hour applied to the total charges accrued*
- *a 12 hour cancellation notification is required; otherwise a 4-hour minimum will apply*

I further acknowledge and agree to settle my account, in full, within thirty (30) calendar days from the invoice date assigned to my billing.

Signature of Requesting Agent: _____ Date: _____

Important Note: The Lisbon Police Dept cannot guarantee the availability of our Dept Officer(s); therefore, we may need to request the assistance of surrounding town Law Enforcement Agencies with whom we hold a Mutual Aid Agreement. Please be aware that this Department invoices for our Officer's hours only, and we cannot guarantee or control the detail rates of outside agencies.

*****[Administrative Use Only]*****

Application has been: ___ Approved ___ Not Approved ___ Waived (per Highway Reg §10.12/10.13)

Approving Officer Sign: _____ Date: _____ Organization contacted on Application: Y / N

Detail Schedule Hours: