

Date: \_\_\_\_\_

Eric S. Higgins  
Chief of Police  
Lakehurst Borough Police Department  
530 Union Avenue  
Lakehurst, NJ 08733

Dear Chief Higgins:

Our (firm/corporation) requests the assistance of your department in providing off-duty police officer(s) to furnish police services for us as outlined in the attached request.

We understand the services requested are in addition to police services normally provided and not in lieu thereof. We agree to reimburse the Borough at the rate of \$100.00 per hour (two hour minimum) for each off-duty officer assigned for this purpose and pay a \$100.00 non-refundable application fee. We further understand that the anticipated costs associated with this request must be deposited with the Borough prior to the start of any work. The officer(s) are subject to the direct supervision of the Lakehurst Borough Police Department and will perform their functions as duly licensed police officers.

Further, we understand that if we decide to cancel this request, we must give notification by 1700 hours on the preceding day. If such notification is received after 1700 hours on the preceding day, we agree to pay a minimum of two hours at the current rate per officer requested. (Notice of cancellation should be directed to the on-duty shift supervisor).

Requests must be received at the police department no later than five (5) days prior to the day(s) needed or the request cannot be guaranteed.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

## Request for Off-Duty Police Officer

Location Officer(s) Needed: \_\_\_\_\_

\_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Person/Name of business to be billed: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone # \_\_\_\_\_

Date(s) and time(s) needed: \_\_\_\_\_

Number of officers needed (per day): \_\_\_\_\_ Rate of pay per hour: \$100.00 \_\_\_\_\_

Equipment requested: \_\_\_\_\_

\_\_\_\_\_

Description of detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date submitted: \_\_\_\_\_

*Chief of Police* \_\_\_\_\_

*Fees paid* Yes \_\_\_\_\_ No \_\_\_\_\_

*Approved* \_\_\_\_\_ *Disapproved* \_\_\_\_\_

*Date:* \_\_\_\_\_