



Application for Contractual Off Duty Police Officer Employment
Paducah Police Department
 1400 Broadway
 Paducah, KY 42001



| | |
|---|--|
| Business/Organization/Individual | |
| Billing Address | |
| Business Telephone Number/Email Address | |
| Authorized Representative | |
| Home Telephone #/Cellular # | |

Predicted Number of Attendees: _____ Alcohol at Event: Yes No Permitted Event: Yes No

| | | |
|--------------------------------------|--------------------|--------------------|
| Requested # of Officers/Cruisers | Number of Officers | Number of Cruisers |
| Service Date(s) | | |
| Service Times | | |
| Name or Type of Event/Event Location | | |
| Assignment Responsibilities | | |

I, _____, as the authorized representative of _____
(Name of Representative) (Name of Business)
 hereby acknowledge the attached "Conditions of Contract" and agree that _____ will
(Name of Business)
 abide by and be subject to these conditions in all respects of an off-duty officer's employment.

I acknowledge that payment for services must be received by the police department ten (10) calendar days prior to the services date, unless other arrangements are made with the Assistant Chief of Operations or his/her designee. If payment is not made, the contract may be cancelled at the sole option of the Chief of Police or his/her designee. This contract will expire one (1) year from the approval date unless indicated otherwise.

 Authorized Representative Date

Contract Approval

The above application for contract is hereby granted, and the above application, together with the attached "Conditions of Contract," is hereby adopted, by reference, and is made a part of and constitutes the terms and conditions of this contract.

 Assistant Chief of Operations or Designee Date Approved

 Chief of Police or Designee Date Approved