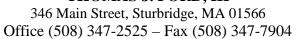


TOWN OF STURBRIDGE POLICE DEPARTMENT

Office of the Chief of Police THOMAS J. FORD, III





STURBRIDGE POLICE DETAIL REQUEST FORM

Date o	of call: Time of c		all:Request rec'd By:			
Reque	sting Party:			Phone	#:()	-
Billing	g name & Address:					
City: _			St	ate:	_Zip:	
Date o	f detail:	Location of	detail:			
# Offic	cers Requested:		Detail star	t time:		
Cruise	r Requested	Cruiser Req	uired by Sergea	ant	YES	or NO
employ hours v	s are a minimum of yees will be compe will be paid by the	nsated in four (4) hour blocks u a half.	p to the eighth	hour worked. E	xcess of eight
HOURS	S RATE		TOTAL	10% ADMIN	10% CRUISER	TOTAL
4	\$46.68/hr x 4		\$186.72	\$18.67	\$18.67	\$224.06
5	\$46.68/hr x 8		\$373.44	\$37.34	\$37.34	\$448.12
6	\$46.68/hr x 8		\$373.44	\$37.34	\$37.34	\$448.12
7	\$46.68/hr x 8		\$373.44	\$37.34	\$37.34	\$448.12
8	\$46.68/hr x 8		\$373.44	\$37.34	\$37.34	\$448.12
8.5	\$46.68/hr x 8 & 1/h		\$443.46	\$44.35	\$44.35	\$532.16
9.5	\$46.68/hr x 8 & 2/h		\$513.48	\$51.35	\$51.35	\$616.18
10.5	\$46.68/hr x 8 & 3/h	r @ 70.02 x 3	\$583.50	\$58.35	\$58.35	\$700.20
Requesting Parties Signature					Date	

10% fee assessed for all details where a cruiser is necessary or requested

All information is to be filled out on the first page. Top copy is given to the secretary and the second copy is given to the Shift Supervisor. A log entry is to be made of the detail requested with all pertinent information included.

DETAILS ARE NOT TO BE FILLED WITH AUXILIARY POLICE OFFICERS