

CLEVELAND POLICE DEPARTMENT REQUEST FOR EXTRA DUTY



Company Name:			
Contact Name:			
Billing Address:			
City:	State:	Zip Code:	
Phone: ()	Fax: ()	
Event Location:			
Type of Service Requested:		(Traffic Control, Security, etc.)	
Date(s) Requested:	No. of	No. of Officer(s):	
Time Requested: From:	То:		
The City of Cleveland does not hav billed for the Assigned Officer(s) at		duty assignments. Therefore; you will be 's hourly pay rate plus benefits.	
By signing this form, you are stat	ing and (or) acknow	vledging that:	

- 1. You are an authorized agent of the above named company
- 2. You are requesting these services from the Cleveland Police Department
- 3. You understand you will be billed for these services

Print Name

Signature

Date

Return this form to:

Cleveland Police Department Attn: Community Relations Lieutenant 100 Church St. NE Cleveland, TN 37311-5330

Or via fax: (423)-303-3128

* If you have questions please contact the Community Relations Lieutenant at (423) 476-1121 Ext. 3105 **For Office Use only:**

Officer(s) Assigned:			
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Approved By:		Date:	
Original Approved Form to: Co	mmunity Relations Lieutenant	Copy of Approved Form to: City Payroll	

Form #: 7-C-3 Revised: 01/28/16

Administrator