ALTON POLICE DEPARTMENT

PRIVATE DETAIL REQUEST

Requesting Organ	nization:			
Billing Address:				
Contact Person:		Phone#	Phone#	
Type of Function	:			
Location:			Alton, NH	
Date:	to	Time:AM/PM	toAM/PM	
Indicate Type of	Detail Requesting:			
Traffic Control C	Crowd Control/Public Peace	e Personal/Property Protection Ot	her:	
Number of Office	ers requested: Is a P	Police Cruiser requested for this det	ail? Yes No	
contractual agreeme	nt in hiring a police officer	x read the terms and understand the corresponding police of the purposes of performing police of the administrative fees and billing costs,	duties, as a private detail	
+ cruiser rat ~ \$20.00 per hour A		-		
I further acknowledg assigned to my billin	,	count, in full, within thirty (30) calendar	days from the invoice date	
Signature of Requ	uesting Agent:	Date:		
of surrounding town Law	Enforcement Agencies with who	ne availability of our Dept Officer(s); therefore, we m m we hold a Mutual Aid Agreement. Please be awa ntrol the detail rates of outside agencies.		
	[Adm	ninistrative Use Only]		
Application has beer	n: Approved No	ot Approved Waived (per Highw	vay Reg §10.12/10.13)	
Scheduling Officer S	ign:Date:	Organization contacted on Applic	ation status	
Detail Schedule Hou	rc·			