

LOS ALAMOS POLICE DEPARTMENT

Police Officer Request

Date of Request _____

Start Date _____ Time _____

Organization _____

End Date _____ Time _____

Billing Address _____

Point of Contact _____

Telephone _____

Email _____

Officers:

Activity Type:

Cost - \$60.00 Per Hour

Two-Hour Minimal Charge Per Officer

Location _____

Description _____

Address _____

Additional Information

I acknowledge and accept financial responsibilities to pay all costs and fees associated with this request.

Signature

Date of Request _____

In the event of electronic submission, entry of typed name constitutes electronic signature.

FOR OFFICE USE ONLY

Received by: _____ Date Received: _____

Officer (s)
Assigned

Approved By: _____ Date _____

Officers assigned must submit this form along with an overtime slip to Office Manager for billing purposes.

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