# REQUEST FOR POLICE SERVICES

**DATE SUBMITTED**: _____

_____ _____
**Individual Requesting Services** **Home Telephone**

_____ _____
**Person/Organization to be Billed** **Business Telephone**

_____ _____
**Address** **Signature**

_____ **HOURLY RATE – TIME &1/2**
**City/State/Zip Code**

**I hereby agree to reimburse the city of St. Charles for all compensation paid to its officers for the services and at the rates described above.**

_____
**Signature of Person Agreeing to Pay**

---

**TYPE OF EVENT:** _____

**LOCATION:** _____

| DATE(S) | TIME(S) | NUMBER OF OFFICERS REQUESTED |
|---|---|---|
| | to | |
| | to | |
| | to | |
| | to | |

**NUMBER EXPECTED TO ATTEND** _____

********** DO NOT WRITE BELOW THIS SPACE **********

**APPROVED:** _____ **DISAPPROVED:** _____ **DATE:** _____

**Comments:** _____

_____

**Approved By:** _____

.....

**OFFICER SIGNUP SECTION**

| DATE | TIME | OFFICERS REQUESTED | NAME | NAME |
|---|---|---|---|---|
| | to | | | |
| | to | | | |
| | to | | | |
| | to | | | |
| | to | | | |
| | to | | | |
| | to | | | |

☐ **Billing to City of St. Charles** **Verified by:** _____ **Date:** _____