



# ST. CHARLES POLICE DEPARTMENT

## REQUEST FOR POLICE SERVICES

DATE SUBMITTED: \_\_\_\_\_

Please e-mail to [police@stcharlesil.gov](mailto:police@stcharlesil.gov) or fax to 630.377.1578

Individual Requesting Services \_\_\_\_\_

Home Telephone \_\_\_\_\_

Person/Organization to be Billed \_\_\_\_\_

Business Telephone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

St. Charles PD has the authority to determine the number of officers needed based on the circumstances and conditions of the event. 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	

HOURLY RATE – TIME & 1/2  
NUMBER EXPECTED TO ATTEND \_\_\_\_\_

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

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_

### OFFICER SIGNUP SECTION      HOURLY RATE – TIME & 1/2

DATE	TIME	OFFICERS REQUESTED	NAME	NAME
	to			
	to			
	to			
	to			
	to			
	to			
	to			

Billing to City of St. Charles

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_