



# Hamilton Police Service

# Paid Duty Contract

Paid Duty #:

**Part A – To be completed by person / agency requesting paid duty. [PLEASE PRINT]**

Name of requesting person / agency: \_\_\_\_\_

Address of requesting party (no., street, city, province, postal code): \_\_\_\_\_

Mailing or billing address if different from above (no., street, city, province, postal code): \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

( )

**Part B – To be completed by person / agency requesting paid duty. [PLEASE PRINT]**

Describe the event for which the paid duty is required and type of paid duty service requested: (if more space is needed, please attach separate sheet)

**Specifics:**

Date of event: \_\_\_\_\_

Start Time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Location of event: (full address) \_\_\_\_\_

Number of officers requested: \_\_\_\_\_

Equipment required (equipment potentially available is listed in Part C below): \_\_\_\_\_

Security issues anticipated / identified: \_\_\_\_\_

Will alcohol be served? Yes

No

Anticipated number of persons attending event: \_\_\_\_\_

Is event a private or charitable function? Private

Charitable

**Part C – To be completed by Police Service member receiving / processing request. [PLEASE PRINT]**

Name of Police Service member completing Part C: \_\_\_\_\_

Date and time request received/processed by Police Service: \_\_\_\_\_

	HR Rate (per Member and/or Equip)	Min. Hours (per Member and/or Equip)	Resources Requested party	Resources Required	# of hrs		TOTALS
<b>Police Service Members</b>	<b>NOTE: Hourly rates are effective January 1, 2008.</b>						
Patrol Officer	\$58.13	3					
Sergeant	\$67.43	3					
Staff Sergeant	\$74.70	3					
Communications Personnel	\$52.98	3					
<b>Equipment</b>	<b>NOTE: Equipment charges are effective January 1, 2001.</b>						
Cruiser	\$35.00	3					
Motorcycle	\$35.00	3					
Canine	\$53.00 ← Per assignment						
Bicycle	\$21.00 ← Per assignment						
Police Boat	\$75.00	3					
Other Equipment: (please specify)							
						<b>Subtotal (1)</b>	
						<b>+ Administration Fee (15% of Subtotal)</b>	
						<b>Subtotal (2)</b>	
						<b>+ HST (13%)</b>	
						<b>TOTAL*</b>	

\* Please insert this amount into Part D, para. 2 on reverse side.

Deposit Required? No

Yes

Amount of Deposit: \_\_\_\_\_

Deposit received: cash

cheque

CONTINUATION

**Part D – To be completed by person / agency requesting paid duty.**

Terms of Agreement

1. The minimum number of officers / supervisors required for the performance of a paid duty shall be determined by the Police Service in its discretion, based on the nature of the event. This decision is reflected in Part C of this Contract, above.
2. **Subject to paragraph 3 of this Part, the sum of \$ \_\_\_\_\_, as reflected in Part C, above, less any deposit paid, is due and payable in full upon completion of the paid duty. Payment shall be by cheque payable to the Hamilton Police Service, forwarded to the attention of the Paid Duty Co-ordinator, Hamilton Police Service, 155 King William Street, Box 1060, LCD 1, Hamilton, Ontario, L8N 4C1. Payment must be received within 30 days of the date on which the paid duty is completed. Late payments are subject to interest charges at the prevailing rate.**
3. Where Police Service member(s)/equipment is/are required for hours in addition to those specified in Parts B and C, above, an invoice will be issued by the Police Service based on the hourly rates specified in Part C. Payment shall be made in accordance with paragraph 2 of this Part.
4. Paid duty requests and cancellations must be in writing, and directed as follows:
  - (a) during business hours → by fax or hand delivery to the Paid Duty Co-ordinator (fax: (905) 546-2900 / Hamilton Police Service, 155 King William Street, Hamilton); or
  - (b) after business hours, on weekends and statutory holidays → by fax or hand delivery to the Staff Sergeant in the Division where the paid duty was to have occurred.
    - For Division 1 (Central Hamilton/Westdale) → fax: (905) 546-4914 / 155 King William Street, Hamilton.
    - For Division 2 (East End) → fax: (905) 546-2967 / 2825 King Street East, Hamilton.
    - For Division 3 (Mountain/Ancaster) → fax: (905) 546-3830 / 400 Rymal Road East, Hamilton.

Any questions should be directed to the Paid Duty Co-ordinator at (905) 546-4366.

Where cancellation notification is not received by the Police Service 24 hours prior to the commencement of the event, a minimum 3 hour charge will apply for each Police Service member booked for the paid duty. Cancellation payments are due and owing in full within 7 days of the date of cancellation. Payments shall be made in accordance with paragraph 2 of this Part. Late payments are subject to interest charges at the prevailing rate.

5. **Provision of paid duty services in accordance with this Contract is subject to prior approval of a Police Service Command Officer.** In the event approval is not granted, the Contract shall become null and void and any deposit paid shall be returned. Where a paid duty request has been received 48 hours prior to the event, the requester will be notified if the service has not been approved 24 hours before the event. Where the paid duty request has not been received 48 hours before the event, the Police Service will endeavour to notify of non-approval in advance of the event, but cannot guarantee it will be able to do so.

**By my signature, below, I acknowledge: (a) that I have read and understood all Terms of Agreement contained in Part D of this Contract, and (b) that I accept, and agree to abide by, all Terms of Agreement contained in Part D of this Contract.**

\_\_\_\_\_  
 Signature of Person Requesting Paid Duty      Date      Witness Signature      Name of Witness (please print)

I have the authority to bind the agency named in Part A, above, requesting the paid duty.

**Part E – To be completed by Command Officer reviewing / approving request. [PLEASE PRINT]**

Name of Command Officer: \_\_\_\_\_ Division: \_\_\_\_\_ Date: \_\_\_\_\_ Paid duty is:  Approved  Denied<sup>⊗</sup>

⊗ If denied, please provide reasons:

\_\_\_\_\_  
 \_\_\_\_\_