

**TOWN OF CARMEL POLICE DEPARTMENT** 

60 MCALPIN AVENUE, MAHOPAC, NY 10541 TEL (845)628-1300 FAX (845)628-2597 POLICE@CI.CARMEL.NY.US

**ANTHONY HOFFMANN CHIEF OF POLICE** 

## **CARMEL POLICE DEPARTMENT APPLICATION FOR POLICE SERVICE**

\*\*Requestor to complete sections A, B, C of this application\*\*

## **Section A: Customer Information**

Individual/Organization:		
Addre	288:	
Representative Name:		_ Phone:
	Section B: Event	Information
Event Description:		# of Officer(s) Requested:
Location:		Event Date:
Event Time: Officer(s) Start Time:		Officer(s) End Time:
Section C: Payment Information		
Bill To (Name and Address):		
Phone:Requestor Signature and Date:		
	gning this document, you agree to assume resp rendered se	onsibility to the Town of Carmel for the above
The in	ndividual or entity ordering said service is resp	onsible for checking coverage for the scheduled
event by calling The Carmel Police Department at (845) 628-1300 prior to the event.		
1.	\$125.00 hourly rate for each officer requested	1.
2.		
3.		
4.	4. If you do not cancel prior to 24 hours before the start of the event you will be billed for the fully scheduled event.	
5.	5. On site time of the assignment that exceeds the scheduled time shall be paid in one-hour increments at \$125.00 per hour.	
6.	. If the job exceeds four hours, but is less than the time you scheduled the officer(s), you will be responsible to pay the full amount scheduled.	
	Return in person or email completed ar	unlication to: mb@ci carmel ny us

turn in person or email completed application to: mb@c1.carme1.ny.us

Officer Receiving Request: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Rank: Shield #: