



Camden Police Department

31 Washington St. | Camden, Maine 04843
911 Emergency
207-236-3030 – Business | 207-236-7962 – Fax

Randy Gagne
Chief of Police

PRIVATE DUTY REQUEST FORM

Date of Event _____ Start Time _____ Stop Time _____

**If this event is a wedding at Camden Amphitheatre, please also indicate the time you would like Atlantic Avenue closed. The road may only be closed for the duration of the ceremony (maximum of one hour).

Type of Event _____ Location _____

Name of Responsible Group or Person _____ Driver's License Number _____

Billing Address _____

Home Phone _____ Cell Phone _____

The following rates will be charged for all private duty details performed by officers of the Camden Police Department:

1. A fee of \$160 for any detail up to four hours.
2. A fee of \$40 per hour in excess of the first four hours.
3. **PLUS** a charge of 25% will be added to cover administrative fees and benefits.

Example: \$160 for detail up to 4 hours plus \$40 (25% administrative fee) = \$200 minimum

\$200 deposit is required at time of detail request, additional hourly charges will be billed separately. Check or Money Order made payable to Town of Camden. Private duty details will not be accepted sooner than six months prior to the date of the event and must be requested no later than 30 days before detail date.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE FEES ASSOCIATED WITH MY REQUEST AND AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE SAME. CANCELLATIONS OR CHANGES IN LOCATION MUST BE MADE NOT LESS THAN THREE (3) HOURS PRIOR TO THE EVENT OR I WILL BE RESPONSIBLE FOR THE THREE HOUR MINIMUM PAYMENT

Signature: _____

Printed Name: _____

Date: _____

Police Department Use Only Below

OFFICER ASSIGNED: _____

HOURS WORKED: _____.

OFFICER'S Signature _____ Date of Event _____

Finance Office Use:

Administrative Fee: \$ 40 Date Paid: _____

First 4 Hours Duty: \$ 160 Date Paid: _____

Add'l Charge For Hours after 4 Hours: _____ Total Hours Paid to Officer/Date: _____

TOTAL OF CHARGES: _____

AMOUNT PAID: _____

BALANCE TO BE BILLED: _____ **DATE BILLED:** _____