



PART A - TO BE COMPLETED BY PERSON / AGENCY REQUESTING PAID DUTY.

NAME OF REQUESTING PERSON / AGENCY

ADDRESS OF REQUESTING PARTY (#, STREET, CITY, PROVINCE, POSTAL CODE)

MAILING OR BILLING ADDRESS IF DIFFERENT FROM ABOVE (#, STREET, CITY, PROVINCE, POSTAL CODE)

NAME OF CONTACT PERSON

CONTACT PERSON TELEPHONE NUMBER

EMAIL ADDRESS (OPTIONAL)

PART B - TO BE COMPLETED BY PERSON / AGENCY REQUESTING PAID DUTY.

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)

DATE OF EVENT		START TIME FOR OFFICERS	FINISH TIME FOR OFFICERS
LOCATION OF EVENT (FULL ADDRESS)			
SPECIFICS	NUMBER OF OFFICERS REQUESTED	OFFICER COVID VACCINATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	EQUIPMENT REQUIRED (EQUIPMENT AVAILABLE IS LISTED BELOW)
	SECURITY ISSUES ANTICIPATED / IDENTIFIED		
WILL ALCOHOL BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANTICIPATED NUMBER OF PERSONS ATTENDING EVENT	IS EVENT A PRIVATE OR CHARITABLE FUNCTION? <input type="checkbox"/> PRIVATE <input type="checkbox"/> CHARITABLE	

RATES ARE EFFECTIVE DECEMBER 4, 2020 (SUBJECT TO CHANGE)	HR Rate (per Member and/or Equipment)	Min. Hours (per Member and/or Equipment)
POLICE SERVICE MEMBERS		
PATROL OFFICER	\$74.07	3
SERGEANT	\$85.92	3
STAFF SERGEANT	\$95.18	3
COMMUNICATIONS PERSONNEL	\$67.67	3

RATES ARE EFFECTIVE DECEMBER 4, 2020 (SUBJECT TO CHANGE)	HR Rate (per Member and/or Equipment)	Min. Hours (per Member and/or Equipment)
EQUIPMENT		
CRUISER	\$35.00	3
MOTORCYCLE	\$35.00	3
CANINE	\$53.00	PER ASSIGNMENT
BICYCLE	\$21.00	PER ASSIGNMENT
POLICE BOAT	\$75.00	3

TOTAL FEES WILL INCLUDE:

ADMINISTRATION FEE (20% OF SUBTOTAL), AND + HST (13%) ON TOTAL.

SERVICES WILL ONLY BE PROVIDED IN HOURLY INCREMENTS. ANY PART HOURS WILL BE INVOICED AS FULL HOURS.

PART C 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.
2. **All fees and taxes are payable in full upon completion of the paid duty. Payment can 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, Hamilton, Ontario, L8R 1A7. Credit card payments accepted by calling the Office. Payment must be received within 30 days of the date on which the paid duty is completed.**
3. Where Police Service member(s)/equipment is/are required for hours in addition to those specified in Parts B, an invoice will be issued by the Police Service to reflect this. 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 email or hand delivery to the Paid Duty Co-ordinator, Hamilton Police Service, 155 King William Street, Hamilton; email to: paidduties@hamiltonpolice.on.ca
 - (b) **AFTER BUSINESS HOURS, ON WEEKENDS AND STATUTORY HOLIDAYS** please contact the On-Duty Staff Sergeant at (905) 546-4725 for assistance with urgent matters only.

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.

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. 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.

BY MY SIGNATURE, BELOW, I ACKNOWLEDGE:

- (a) that I have read and understood all Terms of Agreement contained in Part C of this Contract, and
- (b) that I accept, and agree to abide by, all Terms of Agreement contained in Part C of this Contract.

*****REQUESTS MUST BE SUBMITTED A MINIMUM OF 48 HOURS PRIOR TO START TIMES OF EVENTS FOR CONSIDERATION*****

SIGNATURE OF PERSON REQUESTING PAID DUTY	DATE	Y Y M M D D
--	------	-------------

PART D - TO BE COMPLETED BY COMMAND OFFICER REVIEWING / APPROVING REQUEST.

SIGNATURE OF COMMAND OFFICER OR DESIGNATE:	DIVISION SUPPORT SERVICES	Y Y M M D D	PAID DUTY IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
--	------------------------------	-------------	---

IF DENIED, PLEASE PROVIDE REASONS: