

CLEARWATER POLICE DEPARTMENT EXTRA DUTY PERMIT APPLICATION

645 Pierce Street Clearwater, FL 33756
Phone: 562-4152 or 562-4146, Fax: 562-4466

NAME OF APPLICANT (Business/ Organization/Individual)	DESIGNATED REPRESENTATIVE	PHONE	FAX NUMBER
AFTER HOURS CONTACT PERSON AND AFTER HOURS PHONE NUMBER		CELLULAR TELEPHONE NUMBER AND E-MAIL ADDRESS	
ADDRESS OF EVENT		BILLING ADDRESS (Permanent Address)	
PERMIT SERVICE DATE(S), DAYS AND HOURS TO BE WORKED/NUMBER OF OFFICERS REQUESTED		OFFICERS REPORT TO:	PREDICTED ATTENDANCE
DESCRIPTION OF SERVICES NEEDED/TYPE AND DESCRIPTION OF EVENT		CRUISER NEEDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		IF YES, HOW MANY _____	

PERMIT CANCELLATION

THE POLICE DEPARTMENT CAN CANCEL A PERMIT ANY TIME, WITH OR WITHOUT CAUSE.

THE PERMITTEE MAY CANCEL A PERMIT BY CONTACTING THE COORDINATOR AT 727-562-4152 / 727-562-4146, 24 HOURS PRIOR TO THE EVENT DURING BUSINESS HOURS, OR NON-BUSINESS HOURS BY CONTACTING THE COMMUNICATIONS FLOOR SUPERVISOR AT 727-562-4235. IF THIS CANCELLATION IS NOT MADE AT LEAST 24 HOURS PRIOR TO THE DATE AND TIME OF THE PERMIT ASSIGNMENT, THE PERMITTEE MAY BE RESPONSIBLE FOR COMPENSATION TO THE DEPARTMENT AT THE MINIMUM NUMBER OF HOURS PAY FOR EACH OFFICER SCHEDULED. THIS MINIMUM MAY VARY ACCORDING TO THE RANK OF THE SCHEDULED OFFICERS.

I _____, AS AUTHORIZED REPRESENTATIVE OF AFOREMENTIONED PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EXTRA DUTY AGREEMENT AND THIS PERMIT APPLICATION, AND THE "CONDITIONS OF PERMIT," AND FURTHER AGREE THAT I WILL ABIDE BY AND BE SUBJECT TO THESE CONDITIONS IN ALL RESPECTS.

 SIGNATURE OF PERMITTEE OR AUTHORIZED REPRESENTATIVE

 DATE

SIGNATURE IS REQUIRED

OFFICE USE ONLY

GRANTED THE ABOVE APPLICATION FOR PERMIT IS HEREBY GRANTED, AND THE ABOVE APPLICATION, TOGETHER WITH THE AFOREMENTIONED "CONDITIONS OF PERMIT" ARE HEREBY ADOPTED, BY REFERENCE, AND ARE MADE A PART OF AND CONSTITUTE THE TERMS AND CONDITIONS AND THIS PERMIT.

 AUTHORIZED SIGNATURE

 DATE APPROVED