

LEMONT POLICE DEPARTMENT

POLICE OFFICER REQUEST CONTRACT

TYPE OF EVENT:	VILLAGE SANCTIONED <input type="checkbox"/>	PRIVATE EVENT <input type="checkbox"/>	STATE SUPPORTED <input type="checkbox"/>
	NON PROFIT ORGANIZATION <input type="checkbox"/>	GOVERNMENT SUPPORTED <input type="checkbox"/>	OTHER _____ <input type="checkbox"/>

BUSINESS OR ORGANIZATION HOLDING EVENT:	ADDRESS: _____	TELEPHONE NUMBER: _____ ()
PERSON REQUESTING EVENT:	ADDRESS: _____	TELEPHONE NUMBER: _____ ()

DATE(S) OF EVENT _____	TO	START TIME: _____	FINISH TIME: _____	(1 2 HOUR INCREMENTS ONLY)
ESTIMATION OF PARTICIPANTS: _____		TRAFFIC ESTIMATE (VEHICLES): _____	ROAD CLOSURE: <input type="checkbox"/>	<input type="checkbox"/>
			YES	NO

DESCRIPTION OF EVENT: _____	

ALCOHOLIC BEVERAGES: (IF YES A PERMIT MUST BE OBTAINED OR POSSESS A VALID LIQURE LICENSE)			
SOLD <input type="checkbox"/>	COMPLIMENTARY: <input type="checkbox"/>	OTHER: _____ <input type="checkbox"/>	NONE: <input type="checkbox"/>

<p>* CLIENT: THE LEMONT POLICE DEPARMENT SPECIAL EVENTS COORDINATOR WILL REVIEW YOUR REQUEST AND ASSESS THE NEED FOR POLICE OFFICERS AND EQUIPMENT. YOU MAY BE REQUIRED TO SUBMIT A DIAGRAM OUTLINING THE DETAILS OF YOUR EVENT. YOU WILL BE INVOICED FOR THE ABOVE HOURS AT TIME AND A HALF (1 & 1/2) RATE OF PAY PER OFFICER. PAYMENT MUST BE MADE WITHIN 30 DAYS OF BILLING FROM THE VILLAGE. FAILURE TO PAY WITHIN 30 DAYS FROM THE DATE OF BILLING SHALL RESULT IN A LATE CHARGE OF \$25.00.</p>	
SIGNATURE OF PERSON MAKING REQUEST: _____	DATE OF REQUEST: _____
OFFICE USE ONLY	
SPECIAL EVENTS COORDINATOR _____	DATE RECEIVED _____
PATROL COMMANDER: _____	DATE REVIEWED _____
CHIEF OF POLICE _____	DATE REVIEWED _____