



DUVALL-CARNATION POLICE DEPARTMENT

Glenn E. Merryman
Chief of Police

REQUEST FOR POLICE OFFICER

Date of Submittal: ____ / ____ / ____

Organization or Group: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Person: _____ Phone: _____

Emergency Contact Info (leave blank if same): _____

We request: _____ officer(s) to work _____ hours (3 hour minimum) at individual officer's overtime rate for:

_____ Patrol _____ Crowd Control

_____ Traffic Control _____ Other (explain) _____

Date of Event: ____ / ____ / ____ Time of Event: _____ to _____

Event: _____

Describe Duties and/or Special Concerns: _____

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Signature of Applicant: _____ Date: ____ / ____ / ____

Printed Name of Applicant: _____

FOR POLICE DEPARTMENT USE ONLY

OFFICERS ASSIGNED: 1) _____

2) _____

3) _____

4) _____

SUPERVISOR APPROVAL: _____

DATE RETURNED TO APPLICANT: ____ / ____ / ____

If the event is located outside the Jurisdiction of the Duvall – Carnation Police Department, notification to the agency having jurisdiction will be made, by a Patrol Supervisor. In these instances, complete the following:

Agency Notified: _____ Date: ____ / ____ / ____ By Whom: _____